

SESSION 2 "KMC AND LONG TERM FOLLOW UP OF LBW AND PRETERM INFANTS"

MONITORING OF 20,818 LBW BABIES IN KMC AT ONE YEAR. WHAT IS THE LESSON?

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Objective:

To evaluate the performance of a KMC program (KMCP) in terms of selected health outcomes achieved and compliance with evidence-based processes in a cohort of 20.818 low birth weight infants managed in KMCP.

Design/Methods:

Design: Evidence-based quality assessment in a prospective cohort of 20.818 premature (<37 weeks) y/or LBW(<2500 g) infants from 2 outpatient-based comprehensive care programs affiliated to teaching hospitals in Bogota, Colombia.

Interventions:

The KMCP consists of: 1) Early discharge in Kangaroo position with strict follow-up 2) Continuous skin-to-skin contact and 3) Exclusive breastfeeding whenever possible.

Main Outcomes:

Compliance with KMC components, monitoring and health maintenance visits, overall 1-year mortality, morbidity, growth and development rates.

Results:

12.2 % of the infants had an average gestational age of 30 weeks or less and 4.3 % weighted less than 1001 g. 23.7 % (3818) entered the program requiring oxygen (66% in infants < 1001 g at birth) and 20% were diagnosed with bronchopulmonary dysplasia (78% in infants <1001 g at birth). Cumulative mortality at one year was of 2.1%, with considerable change from 1994 (2.8%) and 2012 (0.6%). 27.8% of the infants were readmitted at least once during their first year. Cumulative hospital stay at one year for readmission of infants dependant or not on oxygen at entry was similar (4.4 days). In the group of infants <1001 g at birth, hospital stay was 8.5 days at one year. 56 % received exclusive breastfeeding up to term and 29% up to 3 months, 50.1% received mixte feeding at 3 months. Average weight, length and head circumference were 8556 g, 72 cm and 46 cm at one year of corrected age. Retinopathy was detected in 12.5% of the cases, 0.7% had laser and 0.1% are blind (27.5% in infants < 1001 g had ROP). Cerebral palsy at one year of corrected age

