

KMC AND BREASTFEEDING THE PREMATURE INFANT: EXPERIENCE AND RESULTS AT ONE YEAR OF CORRECTED AGE IN A COHORT OF 11442 INFANTS DISCHARGED HOME IN KANGAROO POSITION (2001-2011).

Berta Acosta RN¹, Nathalie Charpak, MD^{1,2} on behalf of the KMCP research group

Objective:

To evaluate rate of breastfeeding and growth results at one year of corrected age in a cohort of 11422 preterm y/o low birth weight LBW infants cared in our ambulatory KMC program between 2001 and 2011.

Patients and design:

Prospective cohort of 11422 LBWI infants (GA \leq 37 weeks at birth or BW < 2500g) discharged home in kangaroo position KP with periodical follow-up until 12 months of corrected age. Promotion of breastfeeding is part of the KMC intervention.

Intervention:

KMC intervention:

- 1) Continuous KP (skin-to-skin contact 24 hours),
- 2) Exclusive breastfeeding whenever possible and
- 3) Early discharge in KP with close monitoring and follow-up

Breastfeeding intervention:

The kangaroo nutrition strategy is designed for babies in the steady growth period which is divided in 2 during KMC, one in the hospital and the second one at home in Kangaroo position during the KMC follow up. Breastfeeding is the main nutritional source for the baby, and should be used whenever possible. The growth objective is a weight gain at least as significant as that of the intrauterine growth (15 g/Kg/day until term). When this goal is not attained, the first option should be using hind milk from the same mother to provide supplementary caloric intake before considering breast milk supplementation. Only when hind milk has failed, breastfeeding supplementation or fortification will be considered apart from a deep psychological support.

Results:

11422 eligible infants (\leq 37 weeks of gestational age or weight \leq 2500 at birth) were admitted to the ambulatory KMC program. 13.6% of them were less than 30 weeks of GA at birth, 14.7% between 31 to 32, 22% between 33 to 34, 30.8% between 35 to 36, 12.9% and more than 37 weeks. 6419 (56.2%) infants reached 40 weeks gestational age with exclusive breastfeeding, 4786 (41.9%) with mixte feeding.

1 Administrative coordinator, Integral Kangaroo Mother Care Program, San Ignacio teaching hospital, Javeriana University, Bogota, Colombia

2 Kangaroo Foundation, Bogota, Colombia

OP22

At three months, 30.4% were still exclusively breastfed, 51.6% with mixed feeding and 18.9% with exclusive artificial feeding. Anthropometric data at 40 weeks were for weight 2877 g, height 47 cm and 34.5 cm for head circumference. At one year the weight was in average 8638 g, height 71.5 cm and head circumference 45.6 cm. The overall mortality was 1.2% from discharge up to one year of corrected age. Conclusions: Considering the beneficial effects of breast milk on digestive tolerance, nutritional quality and protection against infection and the anthropometric results of these cohort, the argument to stimulate feeding preterm babies with milk from their own mother is valid. Breastfeeding the premature y/o LBWI is the cornerstone of the KMC nutrition strategy, one of the 3 components of the KMC method.

