

MILK EXTRACTION AND KANGAROO CARE



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Introduction

A number of studies have demonstrated that Kangaroo Mother Care (KMC) is a strategy for promoting breast feeding because it increases the time spent on breast feeding. Given the importance of mother's milk for premature infants, it is of interest to identify which circumstances are most favorable to extractions with a higher milk volume.

Objective

Compare the volume of milk extracted by mothers whose infants are in KMC during the extraction with the volume obtained under other circumstances.

Method

36 mothers of babies under 1500g agreed to participate. When the child was stable and the mother had established a breast feeding routine, she was given a notebook in which she wrote down the place of extraction, the amount of milk extracted and her feelings. They had to collect the information for at least ten days.

Results

26 women finished the study. The average weight of the children was 1166g (+306) and the gestational age 28.7 w (+ 2.41). In total, information was gathered on 1731 extractions. In 88 of them (5%), the circumstances under which the extractions were carried out are unknown. Of the 1643 remaining ones, 218 (13.3%) took place while the child was in KMC, 96 (5.8%) beside the child while the father held the baby in kangaroo care (KF), 273 (16.6%) beside the child without kangaroo care beforehand (BC), 36 (2.2%) near the child immediately after holding it in kangaroo care (AKM), 28 (1.7%) in the hospital outside of the room where the child was (OR) and 992 (60.3%) at home (AH). Information is based on an average of 66.7 (+ 23.7) extractions per woman. The average extractions per woman per day were 5.8 (+1.35). The average extractions per day in KMC were 1.2 (+0.5). The average volume of milk extracted was 111cc (+56.1) (range 10-375) per extraction. In KMC the average amount extracted was 104.3cc (+55.1) and 112cc (+56.2) in other situations ($p < 0.01$). When the extraction was in BC the volume was 99.4cc (+54.1), in KF 96.2cc (+42.5), AKM 120.8cc (+28.6), OR 74.8 (+48.2) and AH 116.7cc (+55.3). The average volume extracted in hospital, in any given situation where the child was close by (KMC, KF, AKM, BC) was 104.7cc (+55.3) as opposed to 74.8cc (+48.2) in OR ($p < 0.001$). Regarding the extractions in hospital, AKM is the method with the highest quantity of milk, 120.8cc (+28.6) as opposed to 102.3cc (+ 57.2) in the other situations (KMC, KF, BC, OR) ($p < 0.001$).

Conclusions

Extraction in KMC is possible and is a reasonable option for mothers who may not have a lot of time. The extractions in hospital, outside of the room where the child was, produced a significantly lower volume of milk than when the extractions took place either near the child or with the child in KC. Of all the extractions in hospital, those which produced the highest volume of milk were the ones done immediately after kangaroo care with the child close by. This leads to the conclusion that this may be the choice method for recommendation.

