

Summary of the Trieste workshop and publication of proceedings

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The workshop

- 14-15 November 2016, Trieste, Italy
- 92 participants – 33 countries
- Workshop theme:
Kangaroo Mother Care: lessons learned and looking forward
- Objectives:
 - Gather & discuss experiences KMC implementation – different health-system levels
 - Provide ideas for future improvements
- Format: round tables, group work and plenaries

How do we continue where we have left off in Trieste?

- Proceedings published

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BMC Pregnancy and Childbirth

DEBATE

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Report on an international workshop on kangaroo mother care: lessons learned and a vision for the future



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Food for thought ...

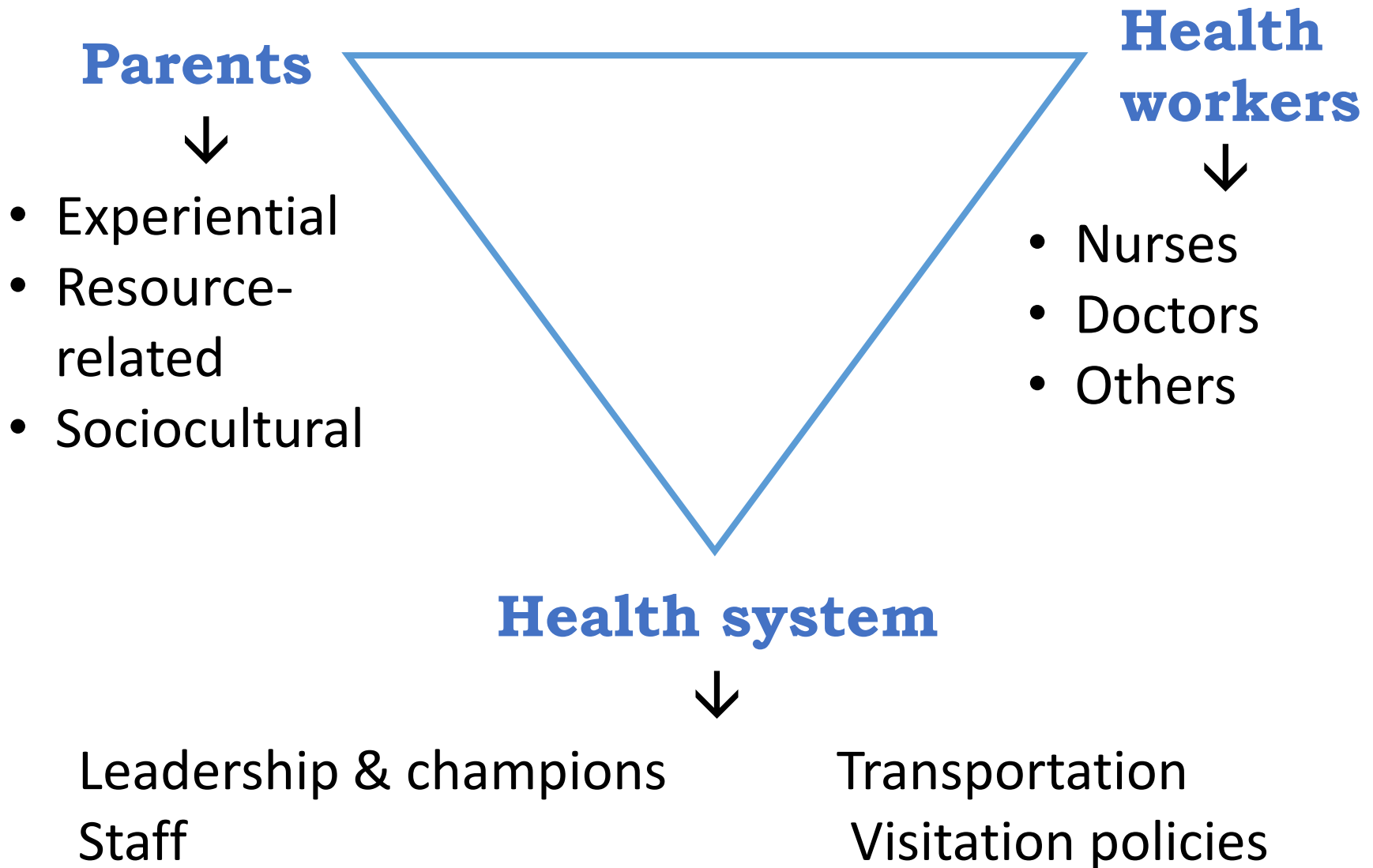
Outline

- Brief summary of Trieste Workshop topics and key priorities identified
- Taking the threads forward to the Bogota Workshop

Trieste Workshop topics

- DAY 1 Variety of activities
 - Round tables: Barriers to and enablers of KMC
 - Group work: Critical obstacles and key factors for effective dissemination and uptake
 - Plenaries: Key priorities for investment
 - DAY 2 Working groups
 1. Planning for national programmes
 2. Resources and the cost of progress
 3. Training
 4. Ensuring quality
 5. Monitoring and evaluation
- Feedback in plenary sessions

KMC barriers and enablers



Key factors for effective KMC implementation and uptake

- Parental acceptance: importance of appropriate counselling
- Welcoming, open environment for families
- Trained and dedicated KMC staff
- Tools for KMC education and ensuring quality
- Consistent implementation of a KMC protocol
- Return of mothers and infants for follow-up

MONEY:

- Proper budget for KMC services
- Out-of-pocket expenses for parents

1. Planning for national programmes

- National KMC programme to be embedded in government strategic planning – all levels and all health-systems building blocks
- Features of a national programme:
 - Broad stakeholder participation
 - Availability implementation guidelines
 - Minimum criteria for KMC services
 - Existence of various essential planning activities and documents
 - Variation in features between countries
- Key planning factors for success captured on a stages-of-change model

2. Resources and costs: what is needed to make progress?

- Investment costs:
 - Training and capacity building of healthcare personnel
 - Establishing KMC centres of excellence
- Maintenance costs:
 - Supervision, coaching, and (re)training
 - Advocacy campaigns and fund-raising
 - Continuous quality improvement activities
- Acceleration and scaling-up costs:
 - Partnerships government and development partners
 - Collaborations in pre-service and in-service training required
 - Credits for continuing medical education
 - Implementation and evaluation research and publication

3. KMC training – focus for different levels of care

Level 1:

- PHC: integrate with essential newborn care

Level 2:

- No neonatal unit: management complications & up-referral
- With neonatal unit: as for Level 3

Level 3: Full KMC training

- KMC components
- Establishment and running of a KMC ward
- KMC data collection and analysis
- Initiation of KMC and back-transfer to lower levels of care
- High-risk follow-up
- Developmental problems and needs of premature babies

4. Ensuring quality of care

- Neglected area – adherence to quality standards essential for KMC to be effective
- Key requisites for effective KMC:
 - Skin-to-skin contact as soon as possible after birth and for as long as possible each day (preferably 18 hrs+)
 - Breastfeeding or breastmilk by tube or cup
 - Context-appropriate discharge criteria & follow-up – continuity of care
 - Clear and culturally sensitive information to caregivers
 - Friendly and empowering attitude of health professionals
 - Community resources to support family after discharge

Three main KMC components

Supportive environment

5. Monitoring and evaluation of KMC (national and subnational level)

- Lack of standard indicator definitions
- Sparse data on KMC coverage and process
- Monitoring framework (KAP & ENAP) – 10 indicators – two main components:
 - service readiness
 - service delivery action sequence
- Recommendation: use core indicator framework to
 - guide implementation and scale-up
 - increase coverage
 - facilitate global tracking KMC implementation

Key priorities for investments

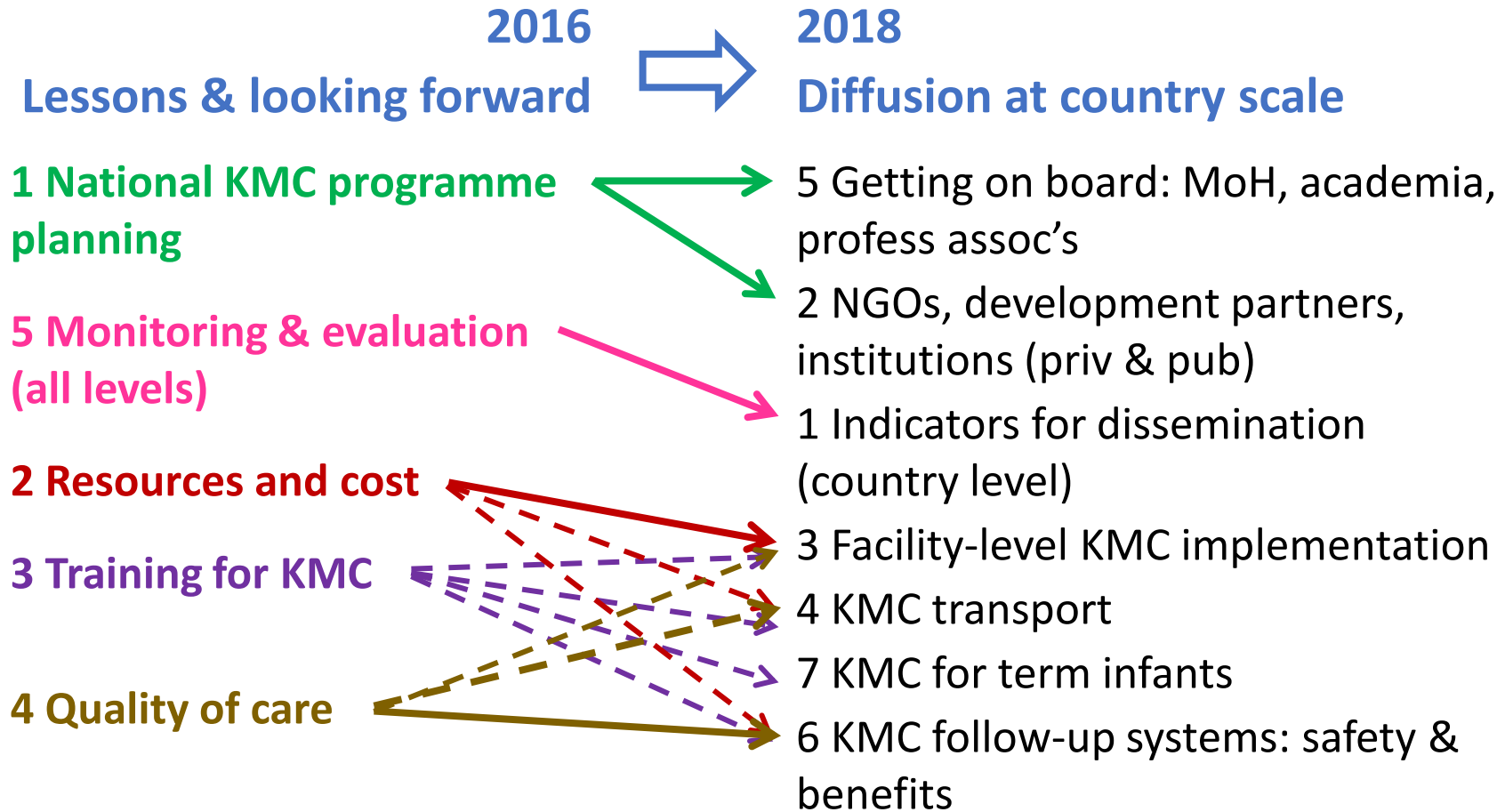
Research:

- Basic research – we know a lot already
- Operational research: health systems and services = implementation and scale-up of KMC services
 - quality improvement
 - continuation and expansion after initiation
 - follow-up for early child development

Other priorities:

- Harmonisation of indicators
- KMC costing tool
- KMC programming and scaling-up
- Follow-up (clinical and services)

How do we continue where we have left off in Trieste?



Turning barriers into enablers

Innovation – Integration – Investment

Possible priorities for all working groups ...

- For each of the working group topics:
- Share experiences:
 - What has worked?
 - What is in the pipeline?
- Look at priority criteria in your working group to assist with
 - Starting a national KMC programme where one does not exist
 - Expanding a programme that already exists

A close-up photograph of a newborn baby's face, wearing a yellow crocheted hat. The baby is lying on a floral patterned blanket. The background is a plain, light-colored wall.

**We have talked a lot about
the WHAT and the WHY
This workshop is about the
HOW to go forward**