

## **BARRIERS TO THE KMC UNIT IN CAMEROON**

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### **INTRODUCTION**

MMK contributed to the decrease of mortality, infections, hypoglycemia and hypothermia in the Kangaroo unit of the Laquintinie Hospital of Douala (Cameroon). Nevertheless, some obstacles can cause an unsatisfactory implementation of the KMC, unavoidably leading to failure.

### **OBJECTIVE**

Identify the obstacles to the implementation of the KMC in the Kangaroo unit.

### **METHODOLOGY**

This was a descriptive study running from the 1<sup>st</sup> June 2018 to the 31<sup>st</sup> July 2018. We recorded the obstacles using structured questionnaires administered to the medical staff and the mothers.

### **RESULTS**

Among 100 medical staff members, 80% considered that the KMC was leading to a work overload in case of reduced personnel, 38% complained of non-restitution after training and 31% deplored the lack of training. 64% noted a lack of knowledge transfer from non kangourou staff to the mothers. 58% found it inappropriate to authorize early discharge for the ambulatory follow-up. 80% accused the permanent mutation of personnel. Out of the 60 mothers, a serious illness of the mother hindered the kangaroo in 20.7% and the ambulatory follow-up in 31.4% of cases. The household tasks represented 31.7%, cultural reasons 28.3%, the high healthcare cost 51% and the lack of family support 22.4% of cases.

### **CONCLUSION**

Appropriate motivation and training of the KMC staff, reduction of staff mutations and proper education of mothers and families are essential to overcome the aforementioned barriers so as to ensure success of the KMC program.