

XII International Conference on KMC

Bogotá, Colombia. November 15-17, 2018

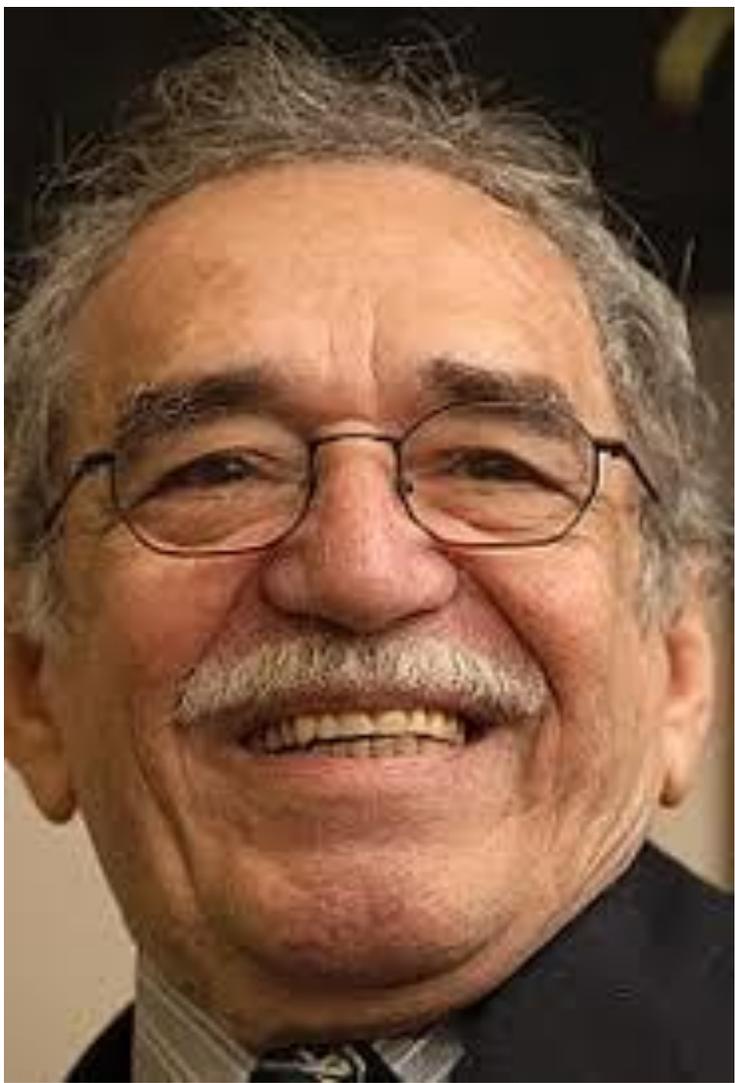
Update on currently available synthesis of on
KMC research.

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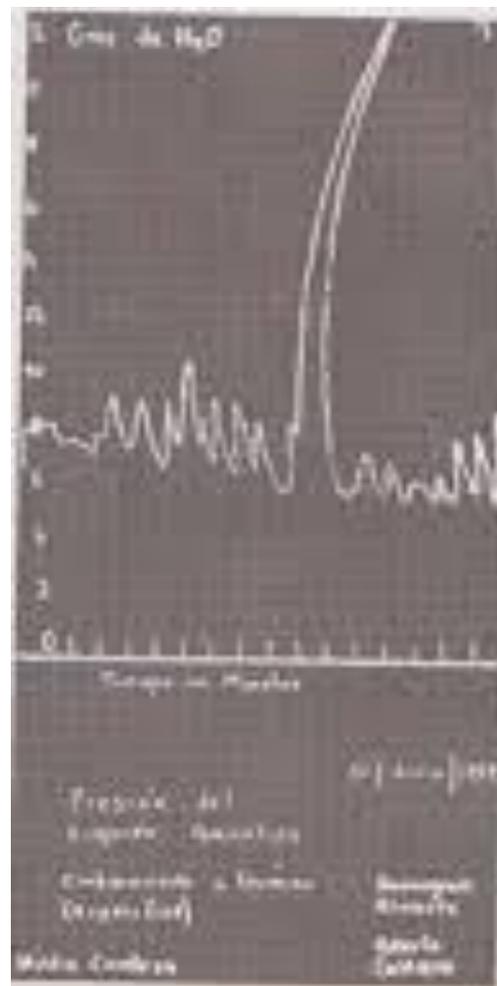
Collaboration Allison Voorhees, Tulane University



Dr. Edgar Rey











Cochrane Database of Systematic Reviews

**Kangaroo mother care to reduce morbidity
and mortality in low birthweight infants**

August 2016

Agustin Conde-Agudelo and José L Díaz-
Rossello

Systematic review of 22 randomized controlled trials including 3042 infants

Kangaroo mother care (KMC) and conventional neonatal care

- reduction in mortality at discharge or at 40 to 41 weeks' postmenstrual age and at latest follow-up, RR= 0.60(0.39 - 0.92; eight trials, 1736 infants)
- severe infection/sepsis, RR 0.50, 95% CI 0.36 to 0.69; eight trials, 1463 infants
- hypothermia, (RR 0.28, 95% CI 0.16 to 0.49; nine trials, 989 infants)
- increase in weight gain
- exclusive or any breastfeeding at discharge and at one to 3 months' follow-up
- risk of nosocomial infection/sepsis at discharge
- increases the gain in length and head circumference
- maternal satisfaction with the method
- maternal-infant attachment.

Early-onset KMC versus late-onset KMC in relatively stable infants

One trial, n=73, No differences, only a reduction in length of hospital stay (MD 0.9 days, 95% CI 0.6 to 1.2).

High income countries

Mortality at latest follow-up

Two studies, 131 participants

RR=1.25 (0.29-5.42)

Implications for research

- Effectiveness of early-onset continuous KMC in unstabilized or relatively stabilized
- Use of continuous or intermittent KMC in high-income settings and to report results mainly on infant morbidity.
- Long term follow up on long-term neurodevelopmental and neurosensory outcomes.).
- Effects of early-onset KMC on breastfeeding.
- Economic evaluations to assess the cost-effectiveness of KMC in low-, middle-, and high-income settings.
- Exploration of mother-infant attachment should be pursued in future trials, as this element has been inconsistently evaluated across studies.
- Additional trials in different settings on community-based

Science

POLICYFORUM

PUBLIC HEALTH

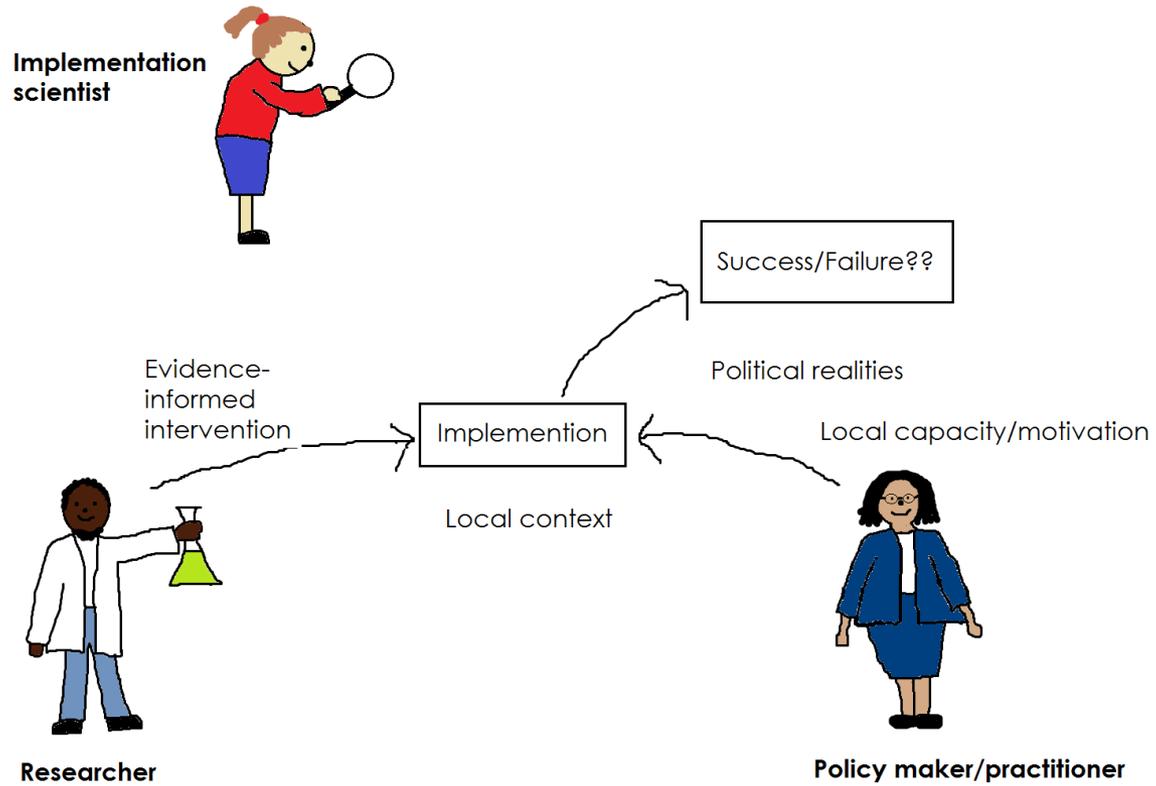
Implementation Science

Temina Madon, Karen J. Hofman,* Linda Kupfer, Roger I. Glass

“We face a formidable gap between innovations in health (including vaccines, drugs, and strategies for care) and their delivery to communities in the developing world.”

- Research to **optimize scientific advances** & facilitate their adoption in the real world
- The challenge: the **“know-do”** gap between scientific discoveries and their delivery to communities in need
- Implementation science will help determine scientifically tested strategies that will work





[Provision of medical supply kits to improve quality of antenatal care in Mozambique: a stepped-wedge cluster randomised trial.](#)

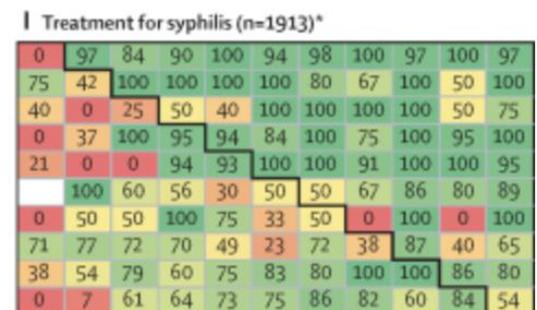
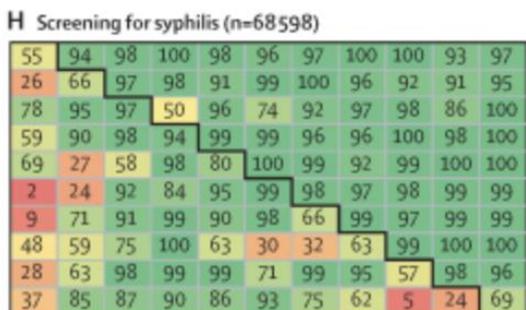
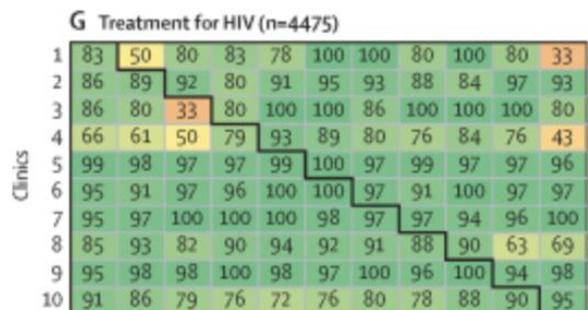
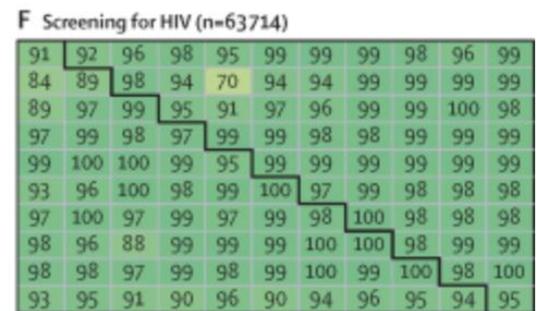
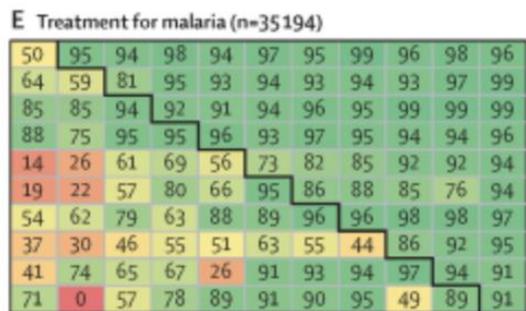
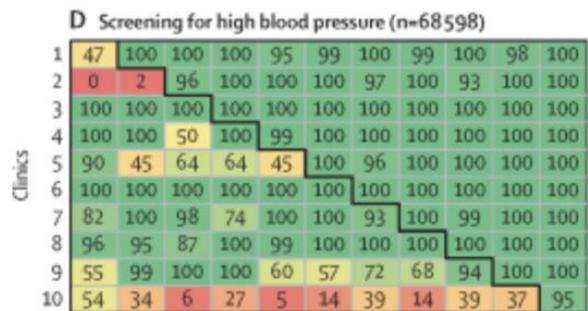
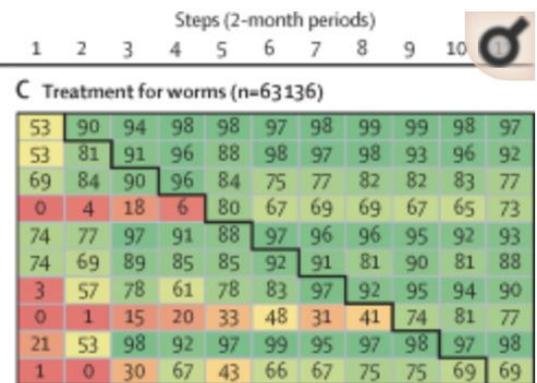
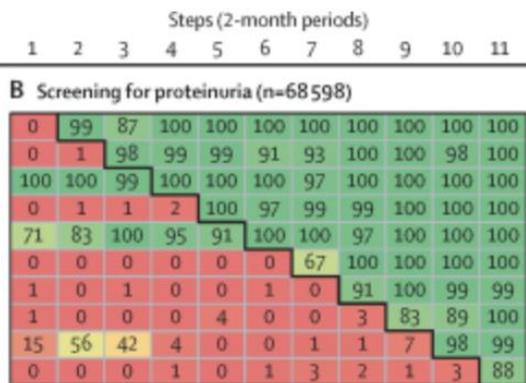
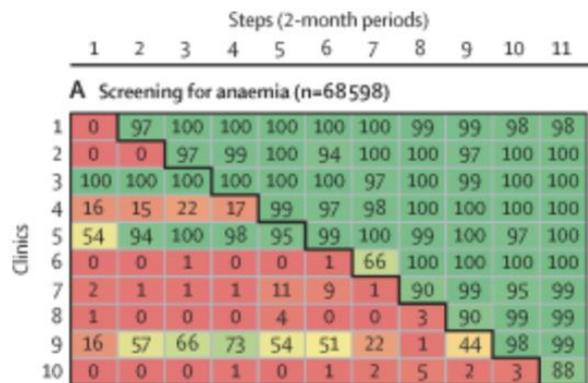
Betrán AP, **Bergel E**, et al

Lancet Global Health, January, 2018

Stepped-wedge cluster randomised trial

Clinics	Steps (2-month periods)											Total
	1	2	3	4	5	6	7	8	9	10	11	
1	1886	1280	1041	1249	1208	1336	1223	1181	945	1179	1340	13868
2	3653	2150	2250	2504	2846	2701	2604	2390	2204	2580	2404	28286
3	1360	769	830	664	799	930	872	803	765	731	768	9291
4	3138	2063	2055	1859	1683	2061	2227	2392	1888	1617	1841	22824
5	2775	1928	968	2258	2070	2015	2482	2366	2214	2034	2224	23334
6	2524	1624	1445	1602	1803	1772	1663	1595	1504	1569	1613	18714
7	1516	1293	1321	1310	1382	1476	1406	1343	1265	1357	1378	15047
8	3511	2307	1798	2179	2459	2693	2618	2593	2347	2220	2275	27000
9	2977	1816	1823	1529	1691	1728	1984	2006	1895	1535	1711	20695
10	3148	3634	2569	2730	3638	3652	3974	3983	3772	3941	4177	39218
Total	26488	18864	16100	17884	19579	20364	21053	20652	18799	18763	19731	218277

Control study period
 Intervention study period



Simple Interrupted Time Series Design

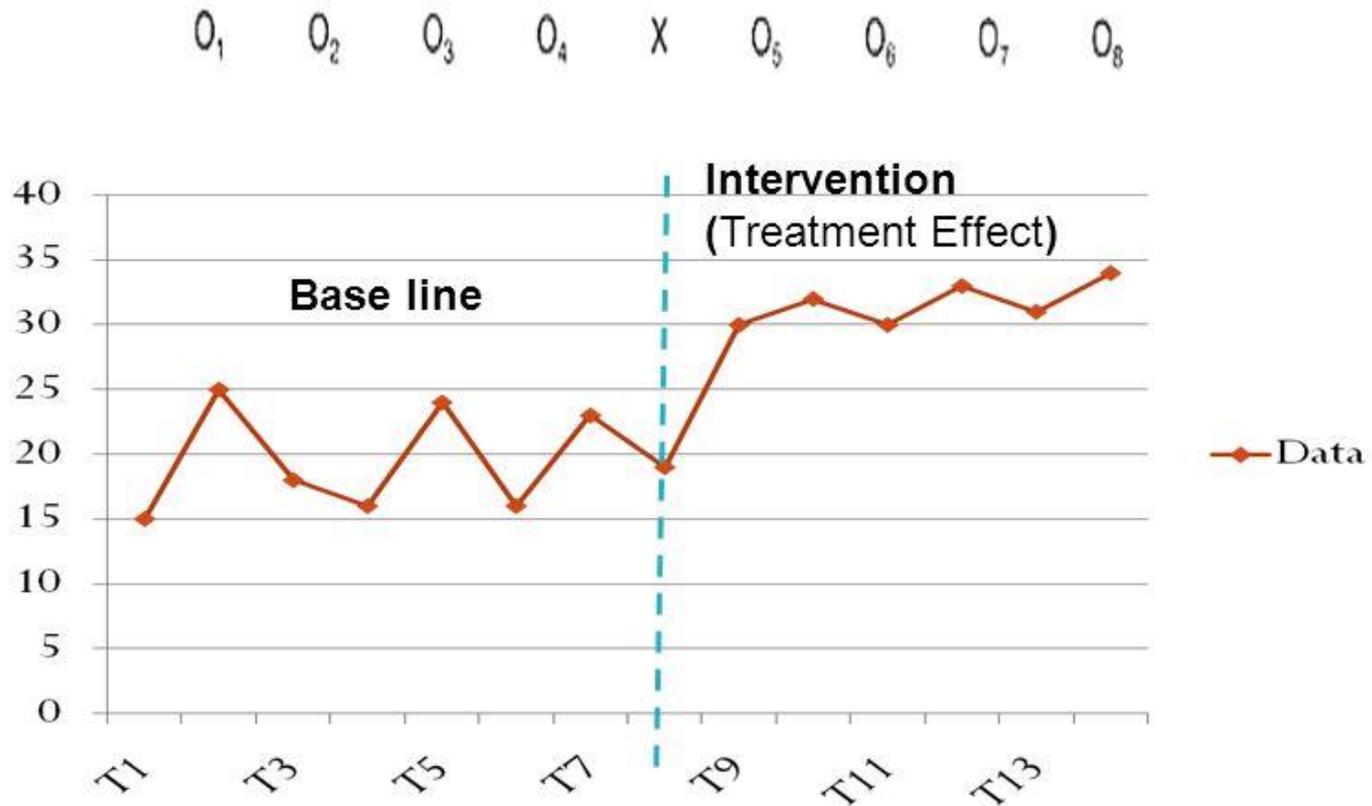


Figure 9 Simple Interrupted Time Series Design

Implications for research

- Implementation research to accelerate the development and delivery of KMC. (barriers, facilitators)
- KMC in sites with home deliveries.
- KMC in term infants.
- KMC and pain relief in neonates
- Maternal satisfaction including maternal depression

- Effectiveness of early-onset continuous KMC in unstabilized or relatively stabilized
- Use of continuous or intermittent KMC in high-income settings and to report results mainly on infant morbidity.
- Long term follow up on long-term neurodevelopmental and neurosensory outcomes.).
- Effects of early-onset KMC on breastfeeding.
- Economic evaluations
- Exploration of mother-infant attachment should be pursued in future trials, as this

Conclusions, discussion, thoughts?

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