KANGAROO MOTHER CARE: EXPERIENCE OF A FEDERAL TERTIARY CARE CENTRE IN NORTHWESTERN NIGERIA

Dr. Suleiman B. M.
MBBS, FMCPaed, FWACP, MSc PH (Sheffield)
Consultant, Neonatal Unit, Federal Medical Centre, Katsina

In collaboration with

Save the children International

Outline

- *Background*
- *Objectives*
- *Materials and methods*
- *Results*
- *Discussions*

BACKGROUND

- *As 2015, the target date of the Millennium Development Goals (MDGs) approaches, greater reductions in post-neonatal mortality had been recorded across the globe compared to neonatal mortality.*

BACKGROUND

- *This was possibly a result of a greater focus on those child survival strategies that tended to improve those diseases associated with post-neonatal mortality.*

- *Neonatal mortality is, thus, assuming a bigger role in terms of contribution to under-five deaths (41.6% in 2013).*

BACKGROUND

- *Low birth weight, resulting from either a shortened gestation (preterm birth) or intra-uterine growth restriction, have been a major underlying factor in the failure to reduce neonatal deaths.*

BACKGROUND

- *Previous efforts aiming to reduce the proportion of these babies delivered with low birth weight at population level have largely ended with little success.*

- *Death in this group of babies could however be prevented with little need for high tech intensive care (kangaroo mother care).*

Imagine…

- *… yourself as a health worker.*
- *managing a 2 weeks old preterm baby weighing 800g (PCA 30 weeks)*
- *Suddenly, the family demand for discharge and insist they are going home.*

- ***What will you do?***

OBJECTIVES

- *The main objective of the study was to audit our KMC programme*

- *Document the survival of low birth weight babies up to a weight of 2500g.*

METHODOLOGY

- *Records of all low birth weight babies discharged home alive from our neonatal units (inborn and outborn) were retrieved from the admission and discharge registers of the unit.*

METHODOLOGY

- *Their case notes were subsequently retrieved and data extracted therefrom using a preformed tested data extraction form. The extracted data was analyzed with SPSS 20 (IBM Corporations).*

- *The main outcome studied was survival to a weight of 2.5kg. Other outcomes studied were follow-up and readmission to hospital.*

RESULTS

- *Over a 24 month period (July 2012 to June 2014), 242 low birth weight babies were discharged home alive.*

- *The records of 172 (71%) were retrieved.*

- *The male to female ratio was 1.2:1.*

RESULTS

- *Three of the babies (1.8%) were discharged with extreme low birth weights and 55 (32.2%) with very low birth weights.*

- *Only 40 of the 107 babies discharged as low birth weights (37%) practiced KMC.*

RESULTS

Weight Category	No KMC (%)	KMC (%)	Total
ELBW	0	3 (100)	3
VLBW	1 (1.8)	54 (98.2)	55
LBW	17 (29.8)	40 (70.2)	57
Total	18 (15.7)	97 (84.3)	115

RESULTS

- *Follow-up was poor.*

- *More than 1 in every 10 (12.2%) were lost to follow up before attaining a weight of 2500g.*

RESULTS

- *Almost two-thirds (63.4%) survived to a weight of 2500g.*

- *The 5 that died were all discharged with low birth weights and died during the neonatal period.*

- *All the 5 had other underlying morbidities.*

RESULTS

Weight	Alive	Died	Total
ELBW(n=3)	2 (66.7)	0	3
VLBW(n=55)	32 (58.2)	0	55
LBW(n=107)	68 (63.6)	5 (4.6)	107
Normal Weight	7 (100)	0	7
Total	109 (63.4)	5 (2.9)	172

Discussion

- *A critical review of early discharge of VLBW infants from NICUs by Merritt, Pillers, & Prows, (2003), has observed that variations in neonatal care practices in neonatal units influences discharge policy.*

- *Our own journey started in 2008 with the 800g baby as our index patient.*

Our discharge policy

- *In our unit, criteria for discharge includes:*
- *Physiologic stability including absence of apnoea.*
- *Parental preparedness: SSC and infant feeding.*
- *Independent thermo-regulation and liberal enteral feeding.*

Our feeding policy

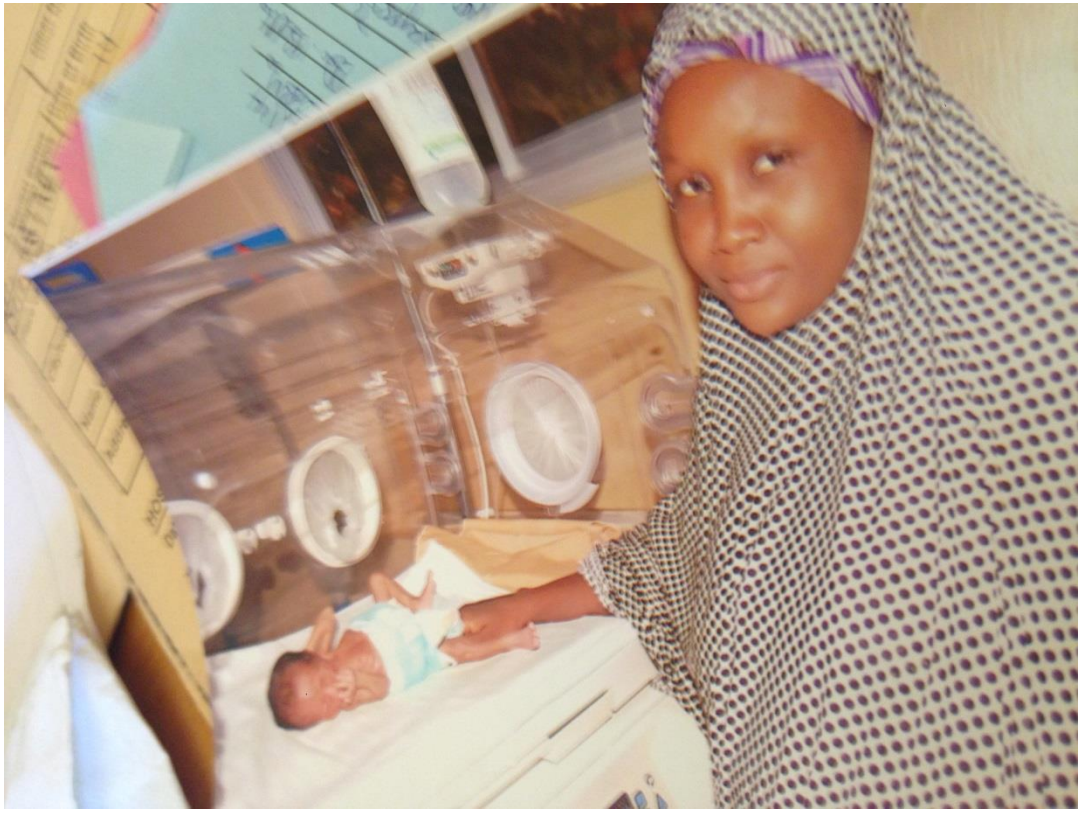
- *Initial trophic feeds via OGT*
- *Cup feeds*
- *Breastfeeding with supplemental cup feeds*
- *No breast milk supplements*

feeding

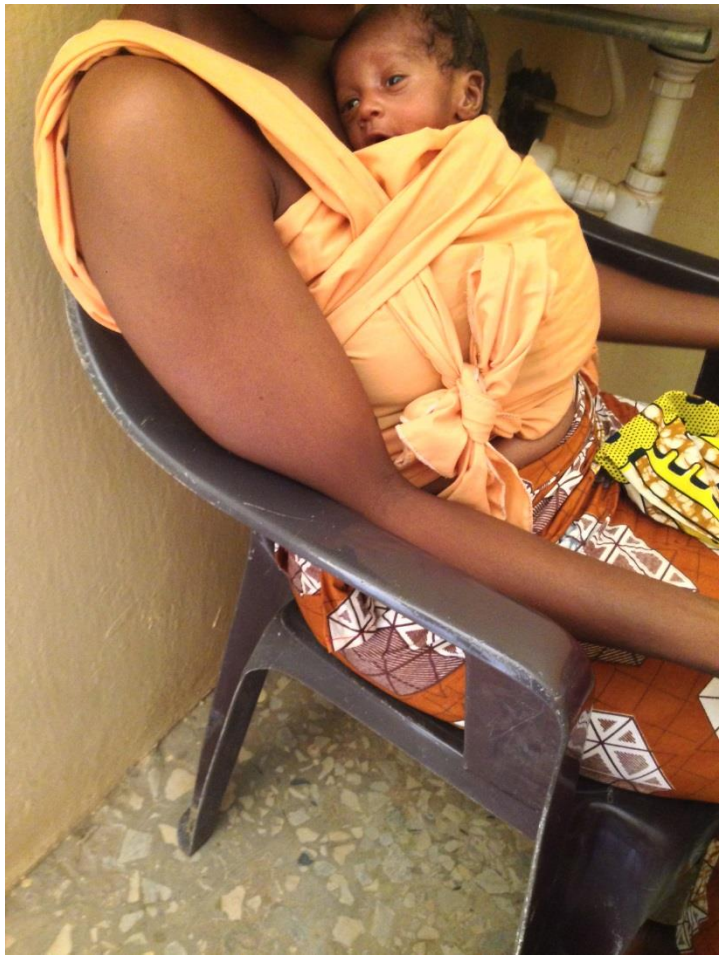
Cup feeding

Early hospital discharge programs

early parental involvement in the care of their infant is important.



Parental preparedness is critical



Advantages

- *Reduction in catastrophic medical bills*
- *Reduction in family disruption*
- *We now have expert mothers/families that we use to convince, especially health workers, that KMC works.*

challenges

- *Lack of linkages leading to loss to follow ups*
- *Negative influences: in-laws and grand parents*
- *Poor support from husbands*
- *Cultural beliefs*

Next issues

- *Review the success of our revised follow up strategy*
- *Developmental screening*
- *Hearing assessment*
- *Assessment of vision*

followup

- *we now have a follow up register*
- *We communicate with patients with phone*
- *When we fail to make contact, we use the social worker to trace the family*
- *We have reduced the frequency of follow up visits*

acknowledgement

- *Save the children International.*
- *Trained our staff on KMC.*
- *Provided us with free KMC kits*
- *Supported this audit.*

- *Merritt, T. A., Pillers, D., & Prows, S. L. (2003). Early NICU discharge of very low birth weight infants: a critical review and analysis. Seminars in neonatology : SN, 8(2), 95–115. doi:10.1016/S1084-2756(02)00219-1*

CONCLUSION

- *The findings from this review reiterates the importance of KMC is an evidence-based, cost effective survival strategy for low birth weight babies.*

- *It also reveals sub-optimal follow up practices that needs to be improved upon, if the survival of most, if not all low birth weight babies is to be guaranteed.*

Thank you