



# Title: Progress with the implementation of Kangaroo mother care in Muhima Hospital

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# Background

- + Kangaroo mother care (KMC) is care of preterm infants carried skin-to-skin with the mother.
- + It gives support to exclusive breastfeeding or other appropriate feeding, early recognition and response to illness.
- + Improves survival of preterm/low birth weight babies
- + Reduces costs for the health facility and for the family
- + KMC was initiated in Muhima hospital from August 2008.

# KMC, routine service provided



# Aim

- + To measure progress with the implementation of kangaroo mother care (KMC)
- + Target: low birth-weight (LBW) infants at Muhima Hospital from January 2014 to June 2014.
- + Weight reference: Below 2000g

# Design

- + Hospital record based
- + Retrospective systematic review
- + Neonates cases admitted to KMC
- + January to June 2014
- + In-hospital care and post discharge follow up.

# Results

- + In total 62 neonates were admitted in KMC from January to June 2014.
- + The gestational age of admitted neonates varied between 27 weeks to 39 weeks.
- + The weight at admission varied between 700g and 2070g.
- + The average duration of stay was found to be 13.3 days in hospital KMC.
- + There was neither death nor readmission reported for babies who were in KMC.

# Results cont'd

## Success story:



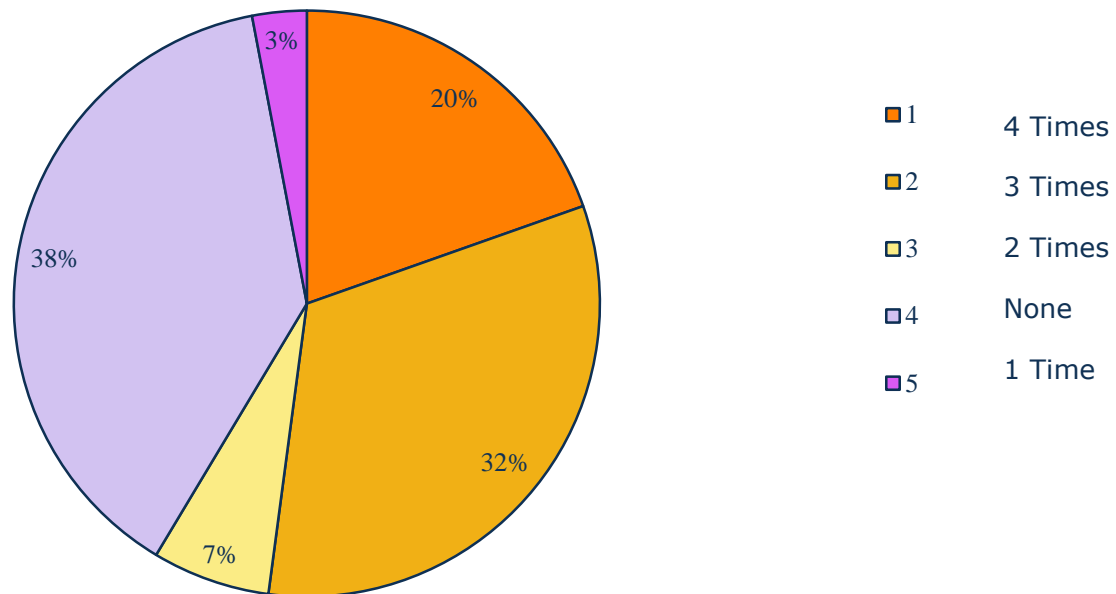
## Results cont'd

- + The average daily weight gain in hospital was found to be 14.5g
- + The average daily weight gain after discharge with was found to be 35.3g.
- + However, only 19.6% of neonates completed four post discharge weekly follow-up sessions.
- + After discharge, only 32.5% consulted three times and 6.5% consulted just once and 38.4% did not consult at all.



# Results cont'd

## Post-discharge follow visits



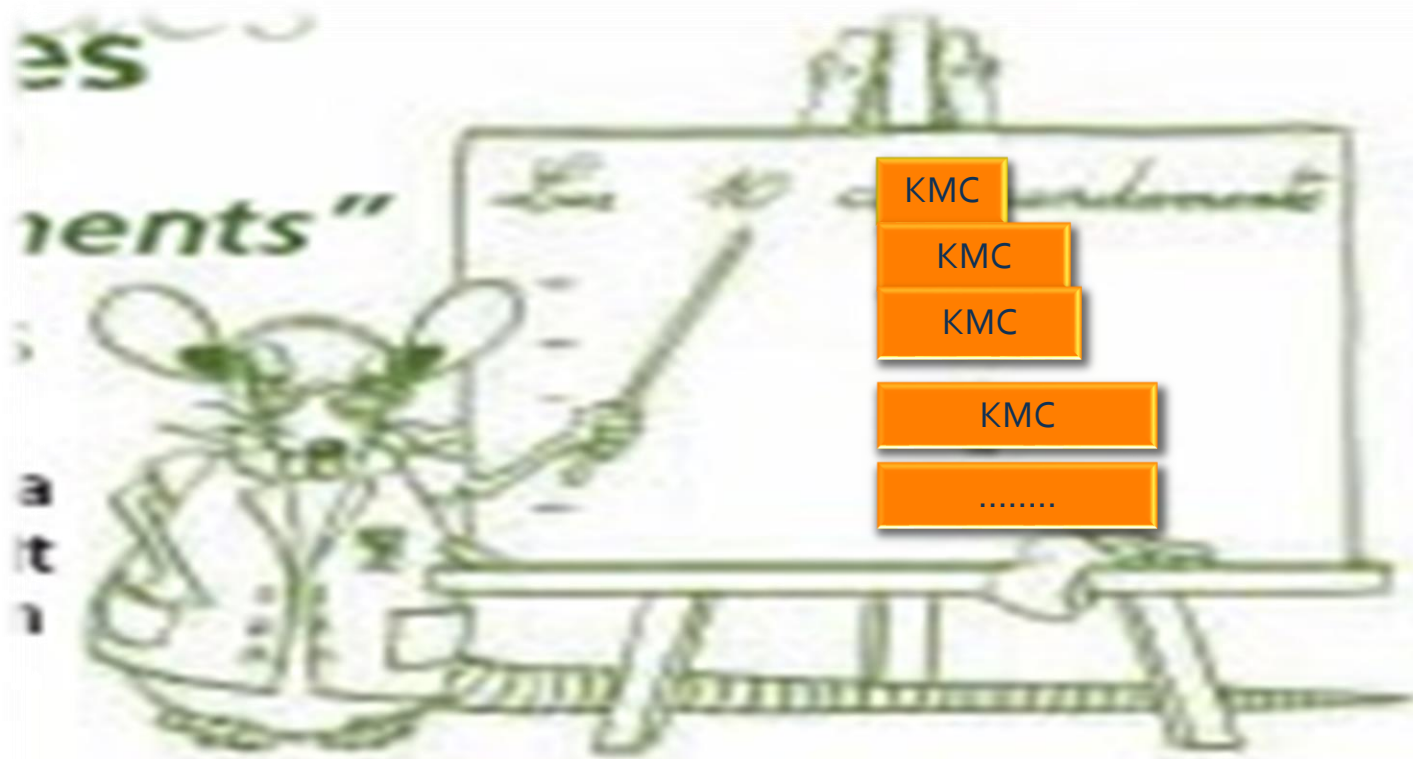
# Conclusion

- + Kangaroo mother care was successfully rolled out in MUHIMA hospital.
- + Its progress proves great outcomes to the growth of low birth weight and premature babies.
- + Further support is needed to maintain the momentum and the low number of patients following up after hospital discharge.
- + The later is an indicator of exploring possibilities to integrate KMC in community health workers who potentially play an important role in the follow up.

## Conclusion cont'd

- + KMC should be widely practiced in different hospitals and should be part of the routine community practice.
- + Further research though is needed to investigate further utilities of KMC.
- + There is also need of research to investigate the acceptability and feasibility of it as regards to local settings.

# Appropriate alternative



Acknowledgment to the team of Neonatology at Muhima Hospital

MURAKOZE CYANE !

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