

CHALLENGES ON IMPLEMENTATION A KANGAROO MOTHER CARE UNIT IN MADAGASCAR (TROTRO MAMA KANGOROA)

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PLAN

- .BACKGROUND
- OBJECTIVES
- METHODS
- RESULTS
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BACKGROUND

- Prematurity : major public health problem
- Statistic Health Ministry: 10% live birth
- Statistic CHU Mahanjaga



OBJECTIVES

- Provide preterm care by making awareness of KMC utility
- Educating
- Disseminating KMC



METHODS

- Training from 2001 public and private hospitals
- Broadcasting in the country



UNIT KMC IN BEFELATANANA MATERNITY

- 3 stages:
 - AKIH
 - Mother and Baby Hospita Staylisation
 - Follow up



KANGAROO ADAPTATION STAGE

- PARENTS GUIDED TO ESTABLISH THE CONTACT SKIN TO SKIN
- MOTHERS ABLE TO REMAIN IN THE HOSPITAL TO FOLLOW THE BABY



KANGAROO MOTHER UNIT STAGE

- Skin to skin contact Baby with its mother during day and night
- Mother is prepared for the time after discharge
- Mother receives orientations regarding the care with the baby from the midwives



AMBULATORY STAGE

- After discharge, the baby and its mother will be sent to the normal follow up unit



RESULTS

- 1 KU referencial center in Antananarivo CHU
- 1 KU in Mahanga CHU
- 1 KU in Toamasina CHU
- Training - in 6 University Hospitals Centers
 - in 12 District Hospitals Secondary level
 - in several Basic Health Center level II
 - in many private centers maternity, nursery schools, laic communities.
- Main problems : lack of human resources, material resources and space for follow up



CONCLUSION

- KMC must be institutionalized
- Implementation of UK is essential
- At least, 1 UK in each region
- Partnership between Health Ministry and NGO
- Avoid improper affectation of pediatric responsible
- Space to KMC Unit in the hospital



THANK YOU

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LARA
BW : 1 210g
GA : 31 W+4 days



12 months
1th BIRTHDAY

