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

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## PLAN

- .BACKGROUND
- OBJECTIVES
- METHODS
- RESULTS
- CONCLUSION





### 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





- 3 stages:
  - AKIH



Mother and BabyHospita StaylisationFollow up







#### KANGAROO ADAPTATION STAGE

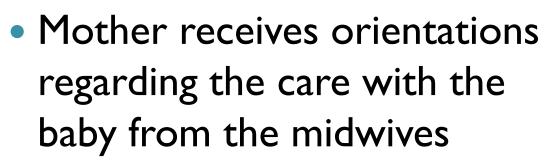
- PARENTS GUIDED TO ESTABLISH THE CONTACT SKIN TO SKIN
- MOTHERS ABLE TO REMAIN IN THE HOSPITAL TO FOLLOW THE BABY





#### KANGAROO MOTHER UNIT STAGE

- Skin to skin contact Baby with its mother during day and night
- Mother is prepared for the time after discharge









#### AMBULATORY STAGE

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





#### RESULTS

- I KU referencial center in Antananarivo CHU
- I KU in Mahanga CHU
- I KU in Toamasina CHU
- Training in 6 University Hospitals Centers

   in 12 District Hospitals Secundary level
  - in several Basic Health Center level II

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- 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, I 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

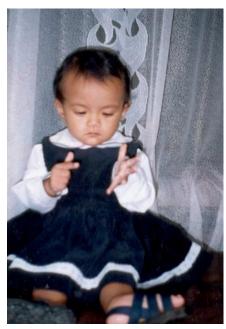
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I2 months Ith BIRTHDAY

