

"Kangaroo Mother Care (KMC): A method of protecting high-risk premature infants against developmental delay at 12 months of age."

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The purpose of this study was to examine the relationship between the Kangaroo Mother Care intervention and subsequent infant mental and physical growth at 6, 12 and 15 months. In this longitudinal study 582 infants were randomly assigned to Kangaroo Mother Care (KMC) or Traditional Care (TC) interventions. They were administered at 6 and 12 months (corrected age) the Griffith scales, the Home stimulation index (HOME) between 6 and 12 months, the mother-infant interaction scale at 15 months, the Infanib at 3, 6, 9, and 12 months (corrected age), and measures of socio economic and demographic were made at birth and 5 points in time until 12 months.

Results: There were significant relationships between intervention groups and HOME scores where KMC families appeared as stimulating more efficiently their infant. KMC intervention also had a positive impact on physical infant's growth until 12 months. In the subgroup where infants had a transient diagnosis at the Infanib scores at 6 months there was a clear difference between intervention groups where KMC infants had a higher DQ than their TC counterparts. In this transient neurological status subgroup KMC had also a mid-term impact (15 months) on mother-infant interactions where KMC mothers were more sensitive and had more contingent responses than TC mothers.

Conclusions firmly suggest the introduction of KMC intervention as soon as possible in the neonatal intensive care units as a way to protect high risk infants against developmental delay during the first year of live. The protective mechanism appeared as being related to the environmental quality in the home and to physical growth enhanced by Kangaroo Mother Care intervention.