

## **P 43. COMMUNITY KANGAROO MOTHER CARE: THE WAY FORWARD**

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**Background:** KMC has been adapted for immediate postnatal community-based birth KMC (CKMC) implementation in settings where home birth, low birth weight and newborn mortality (NMR) are prevalent, and is planned as a part of essential newborn care (ENC) in these settings. **Aim:** To present existing evidence and discuss the way forward to ensure responsible implementation of CKMC.

**Material and methods:** We will present the evidence and concerns about birth KMC in settings where incubators and medical staff are virtually unavailable.

**Results:** The benefits and risks of CKMC are unclear, although CKMC appears promising to improve survival for newborns weighing  $\leq 2000$  grams at birth. Community-based skin-to-skin (STS) care rapidly becomes popular. However, in settings where sufficient training and postpartum support are challenged, promotion of birth STS care as a strategy to engage vulnerable developing country women and families in newborn care without ensuring sufficient STS may induce false confidence and may undermine the potential physiologic benefit of CKMC and ultimately result in CKMC disaffection.

**Conclusions:** We propose various mechanisms to evaluate the adequacy of CKMC and requirements to avert substandard implementation. We also propose a conclusive CKMC assessment. Regardless, best efforts must be made to ensure basic neonatal and maternal care.

**Keywords:** Birth/Community KMC, STS, newborn survival.