

Title: "Kangaroo Mother Care (Kmc) In a Tertiary Neonatal Care Department: the Experience of Staff."

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Most of the existing knowledge about KMC lends support to the effectiveness and safety of this method, but gives little contribution to clarifying many questions related to its feasibility and acceptability, i.e. the very factors that influence the degree of implementation of this method of care. To further explore this domain, we conducted a study in our unit, where KMC has been practiced during the last 12 years both in the NICU and the special care area, becoming an integral part of the general care offered to LBWIs. To investigate the experience with KMC of our staff members (10 doctors, 27 nurses) and the existing constraints to its application, we administered them a qualitative questionnaire. Asked about the definition of KMC, only 31% of responders defined KMC as just a form of skin-to-skin contact, while 69% defined KMC as a contact that implies a special innermost feeling, an opportunity of discovery between the mother (and father) and the premature infant, a moment of wellbeing. KMC is believed to respond to physical and sensorial needs of the newborn (64%) as well as his/her psychological and social needs (50%). Moreover, 28% reported that KMC "contains" and protects the baby. Among possible disadvantages for the baby, stress (36%) and overstimulation (18%) were recorded. "Feeling of being useful" and "taking care of the baby" (46%) were referred as the main advantages for mothers, while the ambivalent acceptance by the mother of the KMC proposed by the staff was the main disadvantage (30%). Major constraints to the application of KMC were environmental (26%) and clinical (43%).