

ABSTRACT 1

KANGAROO MOTHER CARE FROM BIRTH COMPARED TO CONVENTIONAL INCUBATOR CARE

Nils Bergman, Cape Town, South Africa

Background: Worldwide, 5 million children die annually, and in half or more of these deaths, prematurity is either the direct or an associated cause for the mortality. Recently, Kangaroo Mother Care (meaning skin-to-skin contact and breastfeeding) has been promoted as a possible means of managing prematures. There has been no trial conducted to show its safety or efficacy in prematures from birth.

Hypothesis: Skin-to-skin contact from birth is superior to conventional or incubator care for prematures weighing 1500g to 1799g.

Objective: **To compare the use of incubators and mother's skin-to-skin contact.**

Setting: A secondary level obstetrical hospital with a neonatal intensive care unit, part of a comprehensive maternal and neonatal Service, with primary level midwife obstetric units.

Design: A randomised controlled clinical trial, in which mothers expected to deliver an infant between 1500g and 1799g will be identified. All infants of consenting mothers will be provided standard care for the first five minutes, during which time the infant will be screened for eligibility, then randomised using a computerized minimization technique. 50 mother-infant dyads will be recruited to each group. The intervention group will be nursed naked on their mothers naked chests, the control group will be nursed in incubators.

Main outcome measures: The main outcome measures will be the number of infants requiring high care or intensive care admission in the first six hours in each group, and a composite stabilisation score measured between the 5th and 6th hour of life in each group. Descriptive measures will include outcomes at discharge, number of complications, nature of complications, costing of care, breastfeeding practices, and some qualitative data from mothers in both groups.

Expected outcomes: The expected outcome is that KMC is superior to conventional care. In particular, it is expected that there will be fewer complications and admissions to high care and the NICU, infants will stabilize more rapidly, health care costs will be reduced, and that there will be improved breastfeeding rates on discharge from hospital.

This paper will present the results of the formal pilot phase and preliminary results.