Title: "Continuous Kangaroo Mother Care in an Extremely Low Birth Weight Infant. First experience in our Contry."

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KMC in third level neonatal settings is safe in terms of clinic stability, improves the

premature newborn wellbeing preventing apnea, hypothermia and infection, promoting early and continuous breastfeeding, and allowing mothers to become competent and confident in the care of their newborn babies. For these advantages, in our hospital KMC is usually practised coinciding with the premature feeding times, and its frequency and duration depends on the mother's availability.

We present a 27 weeks and 450 g of birthweight preterm newborn infant who needed mechanical ventilation because frequent and deep apneas on the 20^{th} day of life. We decided to begin continuous KMC in order to remove the ventilatory support. For this purpose, we had to make available a NICU's area (the isolated area), where we placed the incubator, a comfortable arm-chair and a bed. The mother, the father and also the rest of the family alternated to place the baby in skin-to-skin contact. The parents ate, slept, read and watched television during KMC in that little space. They hardly were able to move while the baby needed ventilatory support. The premature vital signs, monitorization and the rest of prodedures were always made during the KMC and with the family support. The experience was very positive, because it has been widely accepted by the family as well for the nurses, who showed feelings of distrust in the begining.

We concluded that the continuous KMC can be practised in a third level neonatal unit, included in a case as uncomfortable and inestable as our extremely premature newborn. We believe that we should try to make easy the close and continuous contact between the premature newborn infants and their families in orther to help us to improve these patients attention and quality of life.