

ABSTRACT 6

THE FIRST RESULTS OF IMPLANTATION OF KMC IN UKRAINE

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The impressive outcomes of care for premature infants in Colombia have induced us to begin intervention of this program in Ukraine. We have decided to begin the implantation of the intrahospital form KMC, allowing cultural features and social policy of the exchange of premature children. We put following problems : to evaluate safety of a method for LBW infants, to update criteria of selection of children and to elaborate the system of work with the mothers.

All premature and LBW infants enter from a maternity hall in NICU. We do not have possibility to provide day-night stay of the mother with her child. Therefore mothers, having replaced clothes, pass adaptation from nine mornings to eight evenings in dependence of the mothers health state and newborn stability. Childrens were dressed in sock, cap and pampers.

37 premature and LBW infants were received the treatment in NICU between November 10, 1999 and May 10, 2000. 22 newborn childrens were conformed to Kangaroo's criteria by weight and term of conception. 13 infants were expelled due to dying (6 newborns), severe intrauterine infections (CMV, bacterial sepsis). KMC was started in 9 premature infants on 3-18 day of life and was prolonged after transfer from NICU in minimal care unit.

Kangaroo infants were born in term of conception 28-34 weeks of gestational age, 4-in 32-34 weeks GA, 3 children - in 35-36 weeks GA. Average weight has compounded 1751,33 grams (900-2080), height 43,33 (31-47) cm. The dependence of infants from Oxygenium was successfully overcome with the help of canula.

It is necessary to mark, that the units of KMC, we also have used for children, which were on the ventilation of lungs (kangaroo position, massage).

The techniques of Kangaroo feeding has allowed to increase frequency of breast feeding among the mothers of LBW infants. Prior to the beginning of KMC, our LBWI in main were reared by formula for premature newborns.

It would be desirable to mark considerable enriching of the psychologic climate in NICU after the beginning of KMC. Even after transfer infants on the second stage for rehabilitation Kangaroo-mothers were prolonged to save a position a Kangaroo and to feed infants as they need with usage breast or through the dropper.

It was not marked augmentations of frequency of the infection pathology, though it was expected by all staff of NICU. There was no also aggravation of symptoms in infants, that was affirmed with the help of monitoring of frequency of heart rate, respiration rate and saturation of oxygen in tissues.

The obtaining of these positive outcomes for the child and mother indicates necessity of further intervention of full KMC in pediatric practice. However, the scientific evaluation of adaptation of premature and LBW childrens is indispensable to demonstrate, that KMC not only saves up material and human resources, but also is good and safety alternative for traditional care of LBW infants.