ABSTRACT 8

NEWBORN HEALTH AND KANGAROO MOTHER CARE

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Globally, neonatal mortality contributes significantly to infant mortality. Substantial reduction requires access to effective interventions in pregnancy, skilled care during delivery and care after birth by skilled personnel. This means labour intensive services that run 24 hours a day, seven days a week. Few countries have invested in such programs and it has been demonstrated that good outcomes can be achieved with limited resources.

LBW has been recognized as an important contributor to neonatal mortality, childhood morbidity and disability. Improving outcomes of LBW infants requires two kinds of interventions : to reduce proportion of infants born preterm and/or LBW and to reduce weight specific mortality. The first requires long-term investment in girls' and women's health and nutrition, as well as specific preventive interventions in pregnancy. The second is limited to delivery care and special care during a short period after the birth of the baby. Mortality is highest among LBW infants who are mostly preterm and part of that mortality id difficult to reduce with limited resources.

KMC has a special role in improving the outcome of moderately preterm/LBW infants during that period. It ensures best care during the most vulnerable period of small babies lives with resources available anywhere-adequate early feeding, optimal thermal protection, stimulation and infection prevention.
Benefits of the method go beyond the neonatal period. It may not bring about drastic changes in neonatal mortality as most deaths occur early due to complications of preterm birth or unsafe delivery but ensure exclusive breatfeeding for those infants who need it most and thus good growth and development.

Wide implementation of KMC has requirements similar to other Safe Motherhood interventions. Women need access to skilled care providers, first in institutions then close to their homes. Health providers must have the skills to motivate mothers, to initiate the method, to help her overcome difficulties, to ensure that she is competent and confident in caring for the baby and support her while the baby is growing out of the most vulnerable period. Its main advantage over any other method is that the main resource is knowledge not expensive equipment and supplies. However, the disadvantage is the lack of skilled health workers, which is an important constraint in Safe Motherhood. An additional limitation could be relative rarity of this event in a small community when compared to more frequent problems.
Most persuasive evidence of effectiveness of KMC comes from clinical trials that studied the method introduced after a period of conventional care during which most deaths would have occurred. We need to learn more on how safe it is to move the method closer to birth, especially for small babies with adaptation difficulties, but distant from appropriate services. We also need to learn more about long-term follow-up and benefits for infancy, childhood and adulthood.