

**Title: "A descriptive framework for KMC practice and research".**

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*Implementation of KMC requires considerable change in current patterns of thinking, and current clinical and nursing practices. Such changes require "energy" - which must be provided in a number of forms. Included here is "practical, scientifically sound and socially acceptable methods and technology made universally accessible...at a cost that the community and country can afford" (Primary Health Care, Alma Ata 1978). This requires "social, biomedical and health services research". Two particular categories of people need to be convinced and persuaded concurrently - clinicians and health managers/policy makers. But it is important that these understand each other, and for this reason a logical framework is required so that KMC researchers can give a consistent message to both clinicians and policy makers.*

*It is important for anybody reading results of research to be able to understand the context of the study. Certain key informations should always be furnished, to enable/encourage valid inferences and generalisation decisions to be taken.*

*Weights and gestational ages of Low Birth Weight babies are independent continuous variables, but for comparative purposes it is almost always necessary to group them in categories. In practising kangaroo position, time of initiation and time spent per day are also independent continuous variables, which need categorising. For kangaroo nutrition, type of milk given and method of giving are discrete independent variables.*

*The following framework is submitted as the minimum data required in describing research and clinical practice from a public health perspective. Categories are proposed, based primarily on physiological and prognostic cut-off points.*

*Descriptive Framework for Kangaroo Mother Care*

<b>CONTEXT</b>					
<b>World</b>	South/Third				North/First
<b>Resources</b>	None/Poor (no incubator)		Some (incubator)		Adequate (ventilator)
<b>Pt pressure</b>	High		Moderate		Low
<b>VARIABLES</b>					
<b>Timing</b>	Birth no separation	Very early < 90 min	Early ≥1.5 -<7 hrs	Intermediate ≥7h - <7d	Late ≥ 7 days
<b>Continuum</b>	Continuous 20- 24 hrs	Intermittent 12 -20 hrs	4 -12 hrs	1-4 h	<1h

<b>Mass baby</b>	ANY	>1.8kg	1.5-1.8	1.2-1.5kg	<1.2kg
<b>Gestation</b>	ANY	>34w	32-34w	28-31 w	< 28 w
<b>Food</b>	Breast only	Expressed BM	Drip, IV	Form'+Breast	Formula
<b>Method</b>	Breast	Cup, spoon	Catheter	NGT	Bottle
<b>Resp support</b>	None	O2 by mask	O2 controlled	CPAP	Ventilator

*There are a number of variables which have not been included in the above. The above should really be seen as a minimum data set, and additional data should be added as indicated. Patient pressure is a subjective measure, and should be supported by bed occupancy rates and perinatal mortality rates, for example. Examples to illustrate the above will be given.*

*Universal adoption of a single descriptive framework will speed universal implementation of KMC.*