

**Title: "Kangaroo Mother Program in the Hospital Civil of Guadalajara, Mexico**

*Dr. Ricardo Martínez Verónica*

*The present article reports the results of the initial evaluation of the Kangaroo Mother Program (KMC) developed in Hospital Civil de Guadalajara, Mexico, during March to October 1998. A neonatologist and a nurse whom received training in Bogota Colombia during one moth developed this program. The same criteria selection used in the KMCP from Bogota, Colombia were applied. During study period there were 3.685 newborns in the hospital, 301 (8.5%) were preterm, we included 98 (32.5%) LBW babies, however for different causes 15 infants deserted the following period and finally we studied 73(24.2) babies in KMC. Forty-four (60.3%) were male and 29 (39.7) female. The most important averages were birth weights; mean 1.671 g SD 244g (rank 1.030 g-1710g), gestational age; mean 34 weeks SD 2.4 weeks.*

*The initial mean weight when the newborns were included in the KMP was 1.700 g, SD 175g (rank 1.300- 1715 g), final weight in the KMP was 1.858g, SD 158g (1.500g-2250g). The mean time in KMP was 7.3 days, SD 5.7 days. In the follow up, we found the mean weight to 40 weeks corrected gestational age was 2.462g, SD 575g (rank 1525g-3.735g), at 3 moths corrected gestational age was 5.041g, SD 997; 6 moths was 6.596g, SD 1.129g; 9months was 7.525g, (one baby).*

*Respect to the way they were fed: only breast milk 15 (20.5%), breast milk + formulae 44(60.2%), only formule 14 (19.1%). The Infanib Neurologic evaluation at 40 weeks corrected gestational age was normal in 59 newborns, and abnormal in 14. T 3 months corrected gestational age it was normal in 31 and abnormal in 6 newborns, At 6 months corrected gestational age it was normal in 10 and abnormal in one newborn. The most important complications found were: retinopathy of premature, dermatologic abnormalities, cerebral palsy, leukomalacia, gastroesophageal reflux, urinary tract infection, anemia, viral encephalophathy and pneumonia. There were no cases of nosocomial infection either death.*

*We included this are good results for the preterm newborn population studied. There were 100% parents participation which improved parents-newborn emotional relation, reduction in hospital stay and nosocomial infections. It necessary to carry out a randomized controlled study.*