

Kangaroo Mother Care:***"The experience of a Public Hospital in Metropolitan area"***

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In 1993, a research teams from Institute de Saúde prpoed to develop KMC in a public hospital in São Paulo City. This proposal was well accepted by the director and pediatricians of Hospital Leonor Mendes de Barros (HMLMB). HMLMB, located in eastern region of São Paulo, is in process to become baby-friendly, has a human milk banking and attends 400-500 deliveries/moth; about 19% of this delivery result in low birth weight infants. In early 1995, a pediatrician from this hospital was trained by Fundación Canguro, in Bogotá. After her return, many difficulties have postponed KMC practice: strike on public health services, lack of professionals to attend the demand, high changing of nurses/auxiliaries, low motivation of the staff. Hospital infections, lack of adequate follow up clinic. Concerned about the decreasing motivation of the trained pediatrician, the research team has advised her to starting intrahospitalar KMC. So, this intrahospitalar and late KMC have been working without interruption since August 1996.

Characteristics of eligible mothers at HMLMB:

During ten month after regular KMC practice, the research team recorded data from eligible mothers though the hospital's record book and mother's interview. The criteria of eligibility was: Baby with birth weight $-<2100$ g, without malformation, not twin, mother living in previously defined neighborhood and who agreed to participate of this study, In that period, 170 mothers were eligible for KMC; 24 babies died and 3 ones were transferred to another hospital.

The characteristic of remained mothers, which can be considered as a potential group for KMC in HMLMB, is: young women (Mean age 27 years old), white (62.7%) and schooling and 40.1% of paid job; 69.7% of not planet parenthood, 90.0% of antenatal care, 43,3% with none child, 50,4% without previous breastfed children, baby with mean birth weight of 1.650g.

Characteristics of KMC mothers:

30 of those 143 eligible mothers have participated on KMC. They differ from eligible group in following aspects: are younger (mean age 25 years old), have more schooling (53,3% 5-8 years and 30.0% more than 8 years), number of antenatal care visits (80.0% at least4 visit), antenatal care at HMLMB (30.8%), with none child (63.3%) and female baby (73.3%); they have less previous breastfed children (30.0%) and their infants have lower birth weight (mean 1388g).

Conclusion:

Considering the current health care system in São Paulo city, without any schedule to adequate follow up of infants at risk, maybe intrahospitalar KMC is the possible practice in public hospitals. The HMLMB's staff is planning to set up 3 KMC rooms in order to allow 24 hours of skin to skin. This arrangement will provide more opportunity to rooming-in low birth weight infants and mothers who live far away from the hospital. The acceptance of KMC mothers was very good, even in uncomfortable conditions, and the hospital's staff are more confidence with this new way of care.