***Title: "Kangaroo Mother Care as the Exclusive Way of Treating low Birthweight Infants in a secondary level Hospital in Mozambique".***

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*The introduction of Kangaroo Mother Care (KMC) as the main way of treating low birth weight (**LBW**), infants in a secondary level hospitalar, the Provincial Hospital of Quelimane, lacking incubators and other basic equipment for neonatal intensive care, is described. The decision of starting KMC, as a way of improving the survival of LBW infants and quality of neonatal care, at low cost and within the Ministry of Health policies, was supported by the Mozambican health authorities.*

*The process included:*

a. *Changes in neonatal care organization, as keeping a room only for infants with birthweight < 1.800 g, equipped with beds for the mothers, tap water, oxygen, a table with heating lamp and phototherapy.*

   *Introduction of protocols of nursing, treatment and follow- up for LBW infants.*

b. *Interviews on the method with the health staff and the mothers.*

*The aim was to offer KMC as soon as possible after admission to all infants with birthweigth < 1800 g, independence on gestational age health conditions. The method included:*

a. *Skin-to-skin contact between the mother and her newborn as long as possible.*
b. *Breast milk, given directly, expressed in the mouth or by tube feeding, accordingly to the capacity of the baby.*
c. *Early discharges, in good conditions, when the weight was at least 1500g and increasing for at least 3 days.*
d. *Follow- up until the weight of 2.500g was reached. Daily medical observation was provided except during the week-end.*

   *About 6 moths were needed to introduce and consolidate the method in this context.*

*Monitoring of all the cases admitted for 2 months after the above mentioned phase, showed that that survival of infants of birthweight < 1800 g was 72.8% when treated with KMC and 20% when not treated with KMC (N=32). On overall admissions of infant < 2.500 g (47 cases), treated with KMC and not, the survival of babies < 1.200 g was 25%, that of the group 1.201-1.800 g was 74.3%, better than that of babies 1.801-2500 g which was 54%. Normally, the last group was not treated with KMC because of lack of space. Comparation with the same months of the previous year indicated an increased survival and admissions of LBW infants after KMC was introduced.*

*KM was well accepted by health staff at all levels and contibuted to improve knowledge on the newborn and expectations on his/her survival. Facilitating factors included the support from the provincial health director, the hospital director and an Italian NGO in organising the room for BW infants and implementing the new method. While the institutional partner grasped the idea very*

*quickly, it took about 6 months to make the doctors and nurses in the pediatric ward comfortable and confident with the method. The main difficult was to assure continuity of proper care in a context where health staff and material resources were very limited and had to be shared with all the children admitted at the PediatricWard.*

*After proper preparation and support, the method was well accepted by the mothers and their families. Usually, 2-3 days were needed to make the mother confident and able to manage it. In the mothers’opinion, KMC was good because "helps the baby to grow", "allows the mother to stay close to the baby", "Protects the baby". Specific immediate cultural problems regarded: giving the infant colostrum, giving breast milk from other mothers, using tube feeding and the hospital staying. Other cultural relevant issues about the maternal role were identified. Difficulties were solved by discussing the problem with the mother and involving other mother in mother in helping to find the best solution for the newly admitted mother and baby.*

*Despite the above mentioned difficulties, this experience suggest that even in a context of very limited resources, it is possible to improve the survival and the quality of care of LBW at low cost. Studies are needed to assess the feasibility and effectiveness of KMC from birth in different setting because of its potential benefits for the baby and the family and potential advances for the health system.*