Kangaroo mother care in hospitals across the world

Anne-Marie Bergh
MRC Research Unit for Maternal and Infant Health Care Strategies and Faculty of Health Sciences, University of Pretoria

Background:
This paper is a follow-up of a study done on kangaroo mother care (KMC) practices in Africa presented at the 2004 International KMC Workshop in Brazil.

Aim:
This was an exploratory study with the view of getting an understanding of the ways in which hospitals across the world practise KMC.

Method:
A questionnaire with structured and open-ended questions was distributed to contact persons at hospitals in different countries by means of convenience and snowball sampling. Apart from demographic details on the hospital, the instrument included questions on types of KMC practised, criteria for admission to KMC and discharge from hospital, record keeping and existing policies and protocols, main problems in sustaining KMC, and awareness of special initiatives, training opportunities and research.

Results:
40 responses were received from mostly public hospitals in 14 countries on 5 continents. These came from 14 tertiary, 12 secondary, 1 tertiary/secondary and 8 primary care hospitals (5 unknown). Hospital types include 13 central, 14 provincial, 2 regional and 8 district hospitals (3 unknown). 24 of the hospitals have baby-friendly status and 31 have facilities for mothers to lodge.

20 of the hospitals provide sporadic KMC where the mother does not practise it every day, 31 provide intermittent KMC where the infant is held skin-to-skin at least for a period of time each day, whereas in 16 hospitals mothers are enabled to practise continuous KMC 24 hours per day. 14 hospitals have a special KMC room or unit. All the responding hospitals in Europe and North America provide only intermittent KMC.

Half of the hospitals (20) indicated they could provide statistics on the number of infants receiving KMC. 18 (90%) of these hospitals plus 6 others indicated that they had formal policies or protocols related to KMC. 80% of hospitals with continuous KMC have formal policies in place. compared to just over half of hospitals (52%) providing intermittent KMC.

Admission and discharge criteria mentioned by respondents include a clinically stable infant / healthy and growing infant, gestational age, weight, feeding and maternal factors.

Main problems in sustaining KMC relate to professionals ('buy-in', attitudes, experience, training in KMC), support (from management and government), resources (human, material, financial), the physical environment ('friendliness', space), parents (awareness, availability, motivation, length of stay, social circumstances) and the community.

Conclusion:
The organisation and context of individual hospitals determine the nature of some KMC practices.
There are no major differences in KMC practices across levels or types of hospitals.
It may be easier to institute continuous KMC is some countries.