DISCHARGE AND FOLLOW-UP AS COMPONENT OF KANGAROO MOTHER CARE
POSITION STATEMENT

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INTRODUCTION

Current practices regarding the discharge of preterm/low birth weight infants from hospital to home are based on the attainment of:

- thermoregulation in a crib, and sometimes also
- an arbitrary weight point (range of 1800g - 2500g)

Based on current evidence regarding benefits and risks, infants can be discharged in the kangaroo position, regardless of weight. There is evidence for the following:

- The kangaroo position provides adequate thermoregulation.
- It is feasible to discharge infants that are regulating their temperature (in cribs or in the kangaroo position) earlier or at a lower weight than current practice.

RESPONSIBILITIES OF HEALTH CARE INSTITUTIONS

1. Each health care institution providing care for preterm and low birth weight infants should develop a protocol, mutually agreed upon by the health care professionals, that includes the criteria for KMC home discharge.

2. Health care institutions are encouraged to include at least one other responsible individual of the household in the kangaroo mother care (KMC) adaptation process before discharge, especially in the case of multiple births.

3. Health care institutions must provide an appropriate follow-up system for infants discharged in the kangaroo position.

MINIMUM CRITERIA FOR DISCHARGE TO HOME

1. Thermoregulation of the infant in the kangaroo position
2. Appropriate weight gain pattern of the infant
3. Stable infant with absence of acute illness
4. Successful kangaroo mother care adaptation (see below)
5. Potential social risk factors considered and accounted for
6. Confidence and willingness of mother/KMC provider to take care of the infant at home
7. Family commitment and ability to adhere to follow-up schedule

Successful KMC adaptation

With regard to the criterion of successful KMC adaptation the following factors need to be taken into account::

Component	Mother/KMC provider	Infant
Kangaroo position	• Comfortable and capable in caretaking • Availability of method for securing the infant in a safe position	• Stable vital signs (temperature, heart rate, respiratory rate, and oxygen saturation) • Absence of apnea
Kangaroo nutrition	**General:** • Ability to administer expressed breastmilk (EBM) and/or other supplements by an appropriate alternative method (e.g. tube, cup, spoon, syringe)	**General:** • Coordinated sucking-swallowing-breathing reflex • Toleration of feeds • Stable while feeding
	Breastfeeding: • Ability to express breast milk • Avoidance of artificial sucking devices	**Breast feeding:** • Ability to suck directly from breast
	Alternative feeding: • Ability to prepare formula feeds in the correct and in a safe way	**Alternative feeding:** • Ability to receive feeds via alternative methods

The context will determine the application of the above criteria.

FOLLOW-UP

KMC follow-up

1. A special follow-up system should be in place for infants discharged on KMC at least until 40 weeks post-conceptional age (PCA) or up to 2500 g weight.

2. The frequency of follow-up depends on the attainment of the parameters or goals of the normative curve for intrauterine growth. (According to current best evidence weight gain should be 15g/kg/day, height increase 0.7cm/ week, and head circumference increase 0.5cm/week.)

3. The positioning of the infant and the duration of being in the kangaroo position should be assessed at each visit. Mothers should also be informed on how to recognize signs of the infant's readiness to wean from the kangaroo position.

4. Assessment of infant at each visit:
   a) Anthropometric measurements (weight, height, head circumference) plotted on a normative curve for intrauterine growth
   b) Complete physical examination

5. Information on the following should be obtained and concerns addressed appropriately:
   a) Feeding history and practice
   b) General infant care concerns

Other considerations:

1. The mother should be taught on how to detect alarm signs and what measures should be taken.

2. Should the infant fail to thrive,
   a) s/he should be closely monitored for KMC compliance, medical conditions, and nutritional and social problems, and

b) appropriate measures should be taken.

3. An ophthalmologic assessment should be done within this period for retinopathy of prematurity (ROP).

4. At end of the KMC follow-up, when the infant reaches 40 weeks PCA and/or 2500g, a complete neurological developmental evaluation should be done.

High-risk follow-up after reaching 40 weeks PCA

Low birth weight infants require special follow-up until the age of one-year corrected age. The organization of this type of follow-up is determined by the health care system and the specific context.

During this time, the following are the minimum evaluations to be conducted:

- Growth monitoring
- Evaluation of neuro-psychomotor development
- Audiologic, ophthalmologic and optometric screening

All immunizations should be done according to the national policy.