Kangaroo Mother Care for Premature and Low Birth Weight Infants

Emma Rahn  
*Cedarville University*, erahn@cedarville.edu

Bethany Hotchkiss  
*Cedarville University*, bethanyhotchkiss@cedarville.edu

Follow this and additional works at: http://digitalcommons.cedarville.edu/research_scholarship_symposium

Part of the Maternal, Child Health and Neonatal Nursing Commons

Rahn, Emma and Hotchkiss, Bethany, "Kangaroo Mother Care for Premature and Low Birth Weight Infants" (2013). *The Research and Scholarship Symposium*. 2.

http://digitalcommons.cedarville.edu/research_scholarship_symposium/2013/poster_presentations/2
Kangaroo Mother Care for Premature and Low Birthweight Infants

Emma Rahn and Bethany Hotchkiss
Cedarville University School of Nursing

PATIENT CARE ISSUE
- Millions of babies are born prematurely or at a low birth weight each year
- 60-80% of neonatal deaths occur because of this problem
- Traditional care requires expensive, high-tech equipment, and highly trained professionals
- Kangaroo Mother Care is a treatment for premature and LBW infants that includes prolonged skin-to-skin contact that supports thermal regulation, breastfeeding, and early intervention to complications

EVIDENCE-BASED PRACTICE QUESTION
• Is Kangaroo Mother Care more beneficial to the physiological and psychological health of mom and baby than conventional care?

P- Mothers and their premature and/or LBW infants
I- Kangaroo Mother Care
C- Conventional neonatal care – use of incubators and radiators
O- Decreased mortality, morbidity, cost, future health and behavioral problems

REGISTERED NURSE INTERVIEW
• Interviewed a NICU nurse at Dayton Children’s Hospital
• KMC is not a mandatory policy, but highly encouraged
• She has personally witnessed many of the benefits of KMC
• Dayton Children’s policy reports many of the observed advantages of KMC

METHODS
• Databases searched: PubMed and Canadian Paediatric Society
• Keywords used: Kangaroo Mother Care, Kangaroo Care, preterm infants, morbidity, mortality, and low-income settings
• Exclusion Criteria: Publication date 5+ years ago or had a focus too specific for our research
• Inclusion Criteria: Studied relationship of KMC to mother-child well-being.
• Total Articles Found: 286
• Articles Considered: 16
• Articles Used: 8

REFERENCES
8. http://ojn.oxfordjournals.org/content/11/1/114.long
9. 8.http://www.guardian.co.uk/society/2012/may/02/premature-baby-deaths-preventable-reports

RESULTS OF KMC INTERVENTION

Mortality: 51% decrease in neonatal deaths who weighed less than 2000g at birth
Morbidity: Reduction of occurrence infection and hypothermia at discharge and upper respiratory tract infection at 6 months follow up
Parental Involvement: Home environment after discharge of KMC families is more optimal than that of conventional families
Maternal Health: Increased competency of care needs, increased confidence in their role and reduction of postpartum depression and hemorrhage
Growth: Increases weight, length and head circumference measurements during neonatal period
Breastfeeding: Babies have a better sucking reflex, breastfeed more exclusively and improved growth and neurological development.
Future Behavioral Effects: KMC infants scored better on the Mental Developmental Index and Psychomotor Development Index of the Bayley Scales of Infant Development at 6 and 12 months

SYNTHESIS OF EVIDENCE
• Overall, KMC produced benefits among all concepts researched.
• Implementation setbacks: Time commitment of family and encouragement and support from nurses

EVIDENCE-BASED PRACTICE RECOMMENDATIONS
• Facilities should ensure nursing staff knowledge and encouragement to candidates of KMC
• Nurses should work to offer a calming and welcoming environment for parents to provide care
• Breastfeeding should be a main goal and nurses should be there to assist if needed
• Parental education on proper technique and signs of distress to observe for
• Based on these recommendations, Dayton Children’s should keep their KMC policy as is but should increase patient awareness

LIMITATIONS
• Minor gaps were found in 5 of our articles
• None of the 8 articles used blind studies
• There were few articles on KMC published in the US

REFERENCES
8. http://ojn.oxfordjournals.org/content/11/1/114.long