Kangaroo Mother Care in Eastern Cape
Kangaroo Mother Care
Would Kangaroo Mother Care Improve Outcomes for Low Birth Weight in Infants in Ai-Khums District Hospital in Libya?
Low-Cost Approaches to Promote Physical and Mental Health of Mothers and Babies
Kangaroo Mother Care

Who

- Kangaroo Mother Care
- Baby Friendly Care
- Kangaroo Mother Care
- Health professionals

- This study examines the association of kangaroo mother care (KMC) on energy conservation and bonding in preterm neonates.
- The study was conducted in a 50-bed Level III neonatal intensive care unit in South Africa.
- Participants were randomized into two groups using stratified randomization:
  - Intervention group: Kangaroo Mother Care (KMC)
  - Control group: Standard care

- KMC was practiced for 1 hour daily, focusing on the days the participants were in the hospital.

- The study compared oxidative stress markers (Hx, Xa, and UA) and urine markers of oxidative stress before and after KMC.

- The results indicated a decrease in oxidative stress markers after KMC, suggesting improved bonding and energy conservation.

- Conclusion: KMC is an effective intervention for improving bonding and energy conservation in preterm neonates.
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Kangaroo mother care is a method of care of preterm infants which involves infants being carried, usually by the mother, with skin-to-skin contact. This method of care has been shown to improve outcomes for preterm infants, including shorter hospital stays, lower risk of infection, improved breathing, and increased weight gain. Kangaroo mother care is defined as skin-to-skin contact between the dyad of mother and newborn baby, with exclusive breastfeeding. This is a classroom instruction video that will change the way mothers relate to newborn babies, and improve the way hospitals treat premature babies. Presents country, regional and global estimates of low birthweight for 2000, together with a detailed description of the methodology used. Some limited data on trends are also included.

Kangaroo mother care is defined as skin-to-skin contact between a mother and her newborn baby, frequent and exclusive or nearly exclusive breastfeeding and early discharge from hospital. This concept was proposed as an alternative to conventional methods of care for low birth weight (LBW) infants, and in response to problems of serious overcrowding in neonatal intensive care units (NICUs). KMC essentially uses the mother as a natural incubator. According to this methodology, LBW babies are placed to the mother’s chest in an upright position, where maternal body heat can help control the baby’s body temperature. Although widely used in some parts of the world, this practice is not the norm in the Kingdom of Saudi Arabia (KSA). Aim: The aim was to assess the feasibility and acceptability of running a randomised controlled trial (RCT) to evaluate the effectiveness of KMC in LBW infants in KSA. Study Design: A pilot RCT with supportive qualitative interviews was conducted, underpinned by a post-positivist approach. Methods: This was a mixed methods study. Quantitative methods were used to measure the effectiveness of KMC, and qualitative methods were used to explore women’s and nurses’ experiences of a) KMC and b) trial processes. The study took place in two NICUs at KSA. Ethical approval was granted between March and May 2011. The quantitative data was gathered in a two-group, individually randomised controlled trial with 20 mothers-and-babies per group. The randomisation sequence was computer-generated, and participants were randomised using consecutively numbered, sealed, opaque envelopes. Data were collected using routinely collected case records, specifically designed clinical data sheets and two questionnaires (validated maternal bonding scale and maternal breastfeeding experience questionnaire). For the latter questionnaire, the design was informed by an interpretative element comprising a series of open-ended questions about breastfeeding immediately post-birth, with a sample of 20 mothers who participated in the pilot RCT and 12 nurses who were attending these mothers. All 40 mothers were also telephoned when their babies were 6 months old to ascertain their feeding method and exclusivity of feeding. Quantitative data were managed using SPSS and analysed descriptively to estimate confidence intervals and effect sizes. Statistical tests and regression models were used to explore associations with potential outcome measures, with findings interpreted with caution as hypothesis-generating rather than hypothesis-confirming, given the small sample size. Qualitative data were analysed manually, using the Framework Approach. Results: The pilot study confirmed that trial processes were efficient, the intervention was acceptable (to mothers and nurses) and that the outcome measures were acceptable: the percentage of women exclusively breastfeeding at 6 months was identified as the most appropriate primary outcome. A large scale trial of KMC would be feasible and acceptable in KSA. However, issues relating to religious and organisational culture would need to be resolved, including improving privacy in the NICU, addressing language issues arising from transcultural nursing and engaging with male partners. A unique finding was that the culture on the wards and the way they were perceived by the mothers and by the nurses was different in each NICU. Conclusions: A large scale randomised trial comparing KMC with standard care in KSA is feasible, acceptable and recommended. However, prior to progressing to a large scale study, a thorough planning stage is necessary which considers cultural practices and ward environment. The understandings gained from this research will be transferable to other research within similar settings. Kangaroo Mother Care was created to help premature and low-birth-weight-infants develop normally. Once the neo-nate is born, if it has been stabilised, it remains with its mother who cares, naturally, all the benefits of incubator care: babies are positioned in close skin-to-skin contact with their mother, or even sometimes their father, for twenty-four hours a day. The warm physical contact regulates the baby's body temperature so that the baby can continue to grow, stimulates breastfeeding, gives the baby a wonderful feeling of security and strengthens the bond. The Kangaroo Mother Care Method is now used in a vast number of countries around the world, often in the Third World where incubators are in short supply in maternity hospitals, and has saved thousands of babies’ lives. In the western world it has been adapted and is used widely alongside incubator care for full-term and low birth weight infants. The Kangaroo Mother Care Method is now viewed as the most advantageous and effective intervention for the mother and her baby’s life. Providing a beautifully illustrated practical guide to kangaroo mothering, Nathalie Charpap’s book tells you all you need to know about an approach that will change the way mothers relate to newborn babies and improve the way hospitals treat premature babies and their parents. Kangaroo Mother Care was created to help low-birth-rate-infants develop into healthy babies. Newborn babies remain with their mothers who supply the benefits of incubator care: babies are bound to their mothers’ skin-in-skin contact is essential for their growth and development, providing essential contact and touch to help form the bond that starts in utero. Providing a history and beautifully illustrated practical guide to kangaroo mothering, Nathalie Charpap provides an essential guide to Kangaroo Mother Care that will change the way mothers relate to newborn babies, and improve the way hospitals treat premature babies. Presents country, regional and global estimates of low birthweight for 2000 together with a detailed description of the methodology used. Some limited data on trends are also included. Kangaroo mother care is defined as skin-to-skin contact between the dyad of mother and newborn baby, with exclusive breastfeeding. This is a classroom instruction video for health professionals. A celebration of the liberating power of consciousness—a triumphant book that lets us witness an indomitable spirit and share in the pure joy of its own survival. In 1995, Jean-Dominique Bauby was the editor-in-chief of French Elle, the father of two young children, a 44-year-old man and loved for his wit, his style, and his impassioned approach to life. By the end of the year he was also the victim of a rare kind of stroke to the brainstem. After 20 days in a coma, Bauby awoke into a body which had all but stopped working: only his left eye functioned, allowing him to see and, by blinking it, to make clear that his mind was unimpaired. Almost miraculously, he was soon able to express himself in the richest detail; dictating a word at a time, blinking to select each letter as the alphabet was recited to him slowly, over and over again. In the same way, he was able eventually to compose this extraordinary book. By turns wistful, mischievous, angry, and witty, Bauby bears witness to his determination to live as fully in his mind as he had been able to do in his body. He explains the joy, and deep sadness, of seeing his children and of hearing his aged father’s voice on the phone. In magical sequences, he imagines traveling to other places and times and meeting the people he loves. Fed only intravenously, he imagines preparing and tasting the full flavor of delectable dishes. Again and again he returns to “an inexhaustible reservoir of sensations,” keeping in touch with himself and the life around him. Jean-Dominique Bauby died two days after the French publication of The Diving Bell and the Butterfly. This is a lasting testament to his life.In the United States (US) in 2012 there were an estimated 450,000 babies born prematurely (CDC, 2015). In the US 1 in 9 infants are born preterm (CDC, 2015). Preterm birth or prematurity is defined as birth occurring prior to 37 weeks gestation (CDC, 2015). Preterm birth is also the leading cause of long-term disabilities (CDC, 2015). The developing infant goes through many important changes during the last stages of gestation. Organ systems such as the brain, lungs and liver need the final weeks of gestation to mature. Preterm infants are at risk for breathing problems, feeding difficulties, developmental delay, cerebral palsy, vision problems, and hearing difficulty (CDC, 2015). Kangaroo Mother Care (KMC) or skin to skin contact (SSC) is a method of treatment for preterm and low birth weight (LBW) neonates (WHO, 2015). KMC is a family centered practice where the mother holds the neonate dressed only in a diaper. In a large scale study, SSC has the ability to help mothers to establish breastfeeding. Some outcomes that KMC has the ability to help with are exclusive breastfeeding, low infant weight gain, and bonding with the mother. The development of a new program, Hold Them Close, will be instituted in the Special Care Nursery (SCN) of HackensackUMC Mountainside Hospital. Currently there is not a program of this kind in use at the SCN. A barrier in this area will be seen in the education of nurses and families. It is important to institute such a program at HackensackUMC Mountainside to improve outcomes for these infants and their families. Kangaroo mother care, developmental, and educational intervention in neonatal intensive care units (NICU), however, a small but growing band of researchers have been pushing for the acceptance of alternative interventions, such as kangaroo care and massage therapy, that do not resort to surgical or other medical practices. Edward Goldson, a pediatrician at Children's Hospital in Colorado, has assembled the top researchers in the field to contribute to this comprehensive volume that deals with non-medical intervention with premature infants. Nurturing the Premature Infant is the first to combine the innovative research in this growing area and present it in a single volume. Not only will it be indispensable to professionals in the field, but it will also be of interest to parents of premature infants. The increasing prevalence of preterm birth in the United States is a complex public health problem that
requires multifaceted solutions. Preterm birth is a cluster of problems with a set of overlapping factors of influence. Its causes may include individual-level behavioral and psychosocial factors, sociodemographic and neighborhood characteristics, environmental exposure, medical conditions, infertility treatments, and biological factors. Many of these factors co-occur, particularly in those who are socioeconomically disadvantaged or who are members of racial and ethnic minority groups. While advances in perinatal and neonatal care have improved survival for preterm infants, those infants who do survive have a greater risk than infants born at term for developmental disabilities, health problems, and poor growth. The birth of a preterm infant can also bring considerable emotional and economic costs to families and have implications for public-sector services, such as health insurance, educational, and other social support systems. Preterm Birth assesses the problem with respect to both its causes and outcomes. This book addresses the need for research involving clinical, basic, behavioral, and social science disciplines. By defining and addressing the health and economic consequences of premature birth, this book will be of particular interest to health care professionals, public health officials, policy makers, professional associations and clinical, basic, behavioral, and social science researchers.

Human sufferings, including deaths, can be reduced or avoided by applying routine principles of hygiene in individuals’ lives. Some hygiene routines are purely simple remedies, which are inexpensive, affordable, acceptable and easily accessible. It is evident that change is first enacted from within the mindset of an individual, then transmitted to families, groups and communities, and eventually the mindset of a nation can change creating an environment which is better for everybody to live in. This book contains chapters discussing conditions or diseases that may not be common in the readers’ area. Caution as such may never be underestimated considering the fact that we are living in a global village where one can never say ‘this does not occur in my area’ but rather question, does this occur in my community, why does it occur, who is affected, where and when does it occur and what can be done about it? These questions constitute what epidemiology is all about, and their precise and comprehensive answers can transform lives and help us have the right perceptions for the health challenges we face and accept the possibility of dealing with them directly. Little attention has in the past been given to physiological or pathological responses of the infant to stimuli that produce pain in older individuals. All that has changed. Drs. Anand and McGrath have joined in writing and editing this collection of chapters on many aspects of nociception and the responses within the central nervous system, behavioral responses, endocrine, cardiovascular and immune functions. The question of the benefits of some pain to communicate the presence of a potentially dangerous event is the subject of a thoughtful discussion in Chapter 4. Nociception may trigger appropriate physiological responses. However, severe responses may in themselves be deleterious as documented by the improved outlook when they are blocked during surgery. The principles and pharmacotherapy with systemic analgesic drugs (especially opioids) is given extensive and informative consideration in Chapters 5 and 6. Regional and topical anesthesia in newborn infants is thoroughly covered in Chapter 7. A welcome addition to the discussions in first chapters of the book, is the report of experienced neonatal nurses on individualized supportive care to reduce pain and stress in neonatal intensive care units. They provide a critical review of studies of behaviors of preterm and sick infants, which they augment with a description of current practices. The remaining topics that serve to broaden the perspective of those caring for infants are indicated by the chapter titles: “Moral and ethical issues in clinical practice”, “Research design and research ethics”, “Social and legal issues”, and finally, “Future directions” by the editors.