



KANGAROO MOTHER AND FATHER CARE (KMC/KFC)

Experiences of Medical and Health Professionals at Perinatal Priorities 2015

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BACKGROUND

Kangaroo Mother/Father Care (KMC/KFC) has its origin in Columbia, South America. It was initiated by two neonatologists in 1979, as a method to care for Low Birth Weight (LBW) infants, especially for developing countries with inadequate resources and technology for newborn care. The benefits of KMC/KFC as a low-cost and feasible method of caring for LBW infants at all levels of care and in all settings is well documented. The success of KMC/KFC in reducing neonatal mortality relies to a large degree on the receptiveness, preparedness and willingness of the mother/father.

Limpopo Initiative for Newborn Care (LINC) advocates for KMC/KFC as a key intervention for care of Low Birth Weight infants. The KMC/KFC components include:

- 👉 Kangaroo position
- 👉 Kangaroo nutrition
- 👉 Kangaroo support
- 👉 Kangaroo discharge

The advantages of KMC/KFC for both mother and baby are irrefutable, ranging from regulating and stabilising the baby's heart rate, breathing and oxygen saturation, blood pressure and temperature; reducing risk of apnoea and bradycardia; promoting bonding between the baby and mother/father; stimulating early breastmilk production and preventing hypoglycaemia. Premature babies require skin-to-skin contact even more to stabilise.

Babies should ideally be in KMC/KFC position for 24 hours each day from birth. According to the Bogotá Declaration of 1998, KMC should be a basic human right of the newborn. However, it is an intervention that requires optimal support for the mother, to ensure its effectiveness and an ultimate reduction in mortality rates. As a strategy adopted nationally to reduce the neonatal mortality rate, it is imperative to fully comprehend the lived experiences of mothers/fathers using this strategy. This paper presents the experiences of health professionals that KMC/KFC-ed a "baby" for less and more than 24hrs, in an effort to gain insight on push and pull factors for mothers/fathers that KMC/KFC.

METHODS

LINC took advantage of the opportunity presented by Perinatal Priorities Conference from 17-20 March 2015, which was held in the scenic KwaZulu-Natal, to challenge delegates to KMC/KFC a baby for at least 24 hours, and invited those that took up the challenge to share their experiences. Delegates had to walk in the "hooves of the Kangaroo". Although many participants took up the challenge, some KMC/KFC-ing for a few hours, others even more than 24 hours, 5 brave volunteers shared their experiences which are documented in this presentation.

RESULTS

It was certainly enlightening, and at times amusing, to observe medical professionals go through the motions of KMC-ing/KFC-ing a "baby" - gave "the shoe is on the other foot" a whole new meaning!. As admitted by most, not as easy as what meets the eye, and all that participated in the challenge certainly gained a new respect and appreciation for mothers and fathers that are required to KMC/KFC their babies. Some of the experiences of the participants of the challenge are documented below.

"Woke up on Tuesday with my mind reeling about all that we needed to take with to the Conference and what we needed to keep in mind to ensure that we fully capitalise on the opportunity to share LINC strategies to improve newborn care. As a by the way, one of my colleagues handed me a baby doll that we use to demonstrate CPAP and without thinking...or planning for that matter, I placed the doll in my vest in the KMC position and our journey from Polokwane to the Conference commenced. Due to fatigue, I was in and out of sleep most of the journey and was slightly annoyed by strangers' stares whenever I disembarked the car to use the garage restrooms or restaurants along the way. I was constantly reminded by my colleagues that they were staring at the doll on my chest. With each reminder from my colleagues, I grew increasingly aware of the doll which by the end of journey I was fully conscious of and preferred to call it my baby. As we settled in at the conference venue and prepared for the first session of presentations, I realised that I was a lot more careful with my baby, and even gave her a few pecks on the head, which was laying snug just below my chin.

By the time I had to get into bed, I couldn't bring myself to placing my baby on a chair or anywhere else for that matter so she remained on my chest (KMC continues). I have to admit I didn't get the best night's sleep as I was constantly concerned that I would roll-over onto her...which would be very cruel of me as a mother!

I had my morning cup of coffee with colleagues, still baby on chest. By then I had completed 24hrs of KMC. When we arrived at the venue, we were bombarded with delegates who wanted to KMC for 24hrs. We ran out of dolls and I was forced to give-up my baby to a delegate since I had already KMC-ed for more than 24hrs. Goodness was that a difficult thing to do!!!! It felt like I was giving my baby away to a stranger. My chest felt empty and cold and so did my heart. I was fortunate enough to get my baby back at the end of the day so that I could continue KMC-ing (my colleagues were extremely concerned by my attachment to what they called a doll by now). What struck me at that moment was the strength of the bond I had formed with the doll through skin-to-skin contact. It is no wonder then that KMC has such remarkable results for neonates. I could imagine how my baby, had it been underweight, preterm or full-term and big baby, would have thrived and developed in the few days I was KMC-ing and that made me feel good and warm inside, and outweighed the irritation of disrupted sleep and isolated moments of feeling very hot.

The experience certainly gave me a much better understanding of what parents who KMC go through and feel during the process. It was an enlightening experience."

~ LINC team member -KMC

"I have never been a mother, but KMC-ing for a day certainly gave me that experience. I think it is manageable. The challenge will be if the baby is not calm, in case of colic. But it also allows the mother to be mobile and to be able to carry her duties, rather than being confined in a room taking care of her baby. The wrap also ensures that the baby remains in place."

~ Paediatrician-KMC (Tanzania)

"When I was KMC-ing, I was in a wheelchair. I was able to get in the bath in spite of my wheelchair. But if I wasn't so lucky, it would be very difficult. Being physically challenged makes KMC much more challenging because of the inaccessibility "normal"/everyday amenities/surfaces, etc. Physically challenged mothers need special support to KMC. Health workers must recognise the limitations of physically challenged mothers when promoting and supporting KMC."

~ Midwife-KMC (Free State, SA)

"I found the first period a bit difficult - was not very comfortable! Quite quickly that "irritation" passed and I started enjoying it! Eating was a bit tricky - worried food would fall on baby. I also struggled tying the wrap on again after I took it off to change clothes etc. - needed to be taught properly in the beginning. I was surprised that sleeping with the baby was fine - I had been concerned about not sleeping or turning on baby etc., but slept well, plus baby too it seemed!!

Thank you for an interesting experience!"

~ Paediatrician - KMC (Western Cape, SA)

"Thank you for this great idea to offer the opportunity to experience what it feels like to have a baby on my chest. The experience is a real one from the emotional viewpoint. I did really feel that someone precious is on my chest, needing my full attention.

The continuous skin feeling of the baby was a continuous reminder to my brain that someone is with me. The good feeling of tender friction taught me about the sensitivity of my own skin on my chest. During all my multiple tasks during the day, there has been a cooling down effect on my brain by just feeling the baby on my chest.

During my paper presentation, I had my baby on my chest and I can testify the cooling down effect on my tone. Funny I feel "pretty" with the baby on my chest, even in the restaurant...everywhere I went.

In the afternoon I had a break, sleeping time in my bed. At one stage I turned my body to the side and felt my baby squeezed!! I felt a real emotional threat of asphyxiating a real baby!

In returning the baby this morning, I did experience separation anxiety...real emotional. Overall, let us recognise that this is a hard job for our mothers. A real support system for our mothers is needed in the KMC unit.

Real experience...real emotion...precious work needing full recognition and 24hrs support..."

~Paediatrician - KFC (KZN)



Dr Natasha Rhoda at the LINC exhibition table - Perinatal Priorities Conference 2015.



Dr Malebana and Sr Lolly Mashao at the LINC table - Perinatal Priorities Conference 2015.

CONCLUSION

LINC learned valuable lessons from the Conference, which includes the need to ensure appropriate support for KMC/KFC. These lessons have been incorporated into the LINC model and various initiatives are underway in Limpopo, where LINC is housed, to this end.

