

Kangaroo mother care

A practice guide for health workers



SECTION 1. INTRODUCTION TO THE GUIDE

What is the context for updating the KMC Practice Guide?

The World Health Organization (WHO) first recommended KMC and published the KMC Practice Guide two decades ago in 2003 (1).ⁱ Since then, the evidence for KMC and its benefits has grown substantially. Additionally, there are learnings on how KMC can be scaled up across the health facility-community continuum, how it can be started immediately after birth even for preterm or low birth weight (LBW) newborns who are sick and need admission to a special or intensive newborn care unit, and how it can be started in the community to increase its coverage and further reduce neonatal mortality (2-4).^{ii,iii,iv} Experience has also evolved on how to facilitate KMC scale-up as an integral part of a comprehensive package of care for preterm or LBW newborns across the health facility-community continuum. Based on the new evidence, WHO updated its recommendations on KMC as part of the guidelines for the care of preterm or LBW newborns published in 2022 (5).^v Additionally, WHO Strategic and Technical Advisory Group of Experts (STAGE) in maternal, newborn, child, and adolescent health and nutrition (MNCAH&N) convened a global Working Group that has recently developed a Global Position Paper and an Implementation Strategy for KMC (6,7),^{vi,vii} which bring together the common understanding of global partners and stakeholders on the evidence and strategies for implementing KMC. In this context, the KMC Practice Guide needs updating to align with the latest recommendations and the key concepts put forward in the WHO guidelines and global guidance documents.

VIDEO LINK TO PROCEDURES IN KMC

Who is this Guide intended for?

This updated Practice Guide is primarily designed for health workers involved in directly supporting mothers or surrogates in practising KMC for all preterm or LBW newborns as a component of sick and/or small newborn care in line with the current evidence. It describes what health workers need to know to effectively introduce and sustain KMC practice for all eligible newborns, irrespective of the setting in which they work (health facility or community, low- or high-resource setting), the level of care provided by their health facility, or their profession [doctor/nurse/midwife, community health worker (CHW)]. This guide includes information on all aspects of how to support the practice of KMC, with links to helpful learning resources. It is intended to be a practical aid for all health workers working in obstetric and paediatric care including specialist and general physicians, nurses, and midwives, as well as CHWs, to enable them to support the practice of KMC as the standard of care for all preterm or LBW newborns.

Additionally, some guidance is included for policymakers, local programme managers and health facility administrators on how to create a supportive environment and provide the necessary health system resources to support health workers in assisting mothers and families in practicing KMC.

How was this Guide developed?

This Guide was developed by the WHO in coordination with a KMC Practice Guide working group comprising global experts selected based on their expertise and experience in KMC practice across diverse settings. The content is based on the latest evidence-based WHO guidelines and guidance regarding KMC, breastfeeding and related aspects of maternal and newborn care. KMC is an essential component of the care of small and/or sick newborns and cannot be practised alone, without understanding other standard care for these newborns. However, since this Guide focuses on facilitating the KMC practice, only the aspects of small and/or sick newborn care relevant to KMC are included in this Guide.

In areas where relevant WHO guidelines or guidance were not available to guide practice, we used the available literature/evidence, guidance provided by other relevant organizations, and expert opinion to guide practice. Some aspects of KMC practice differ across seasoned experts and in different context/settings. In instances where such differences were encountered, the decision was taken based on the existing WHO guidelines or guidance, e.g., some experts consider prolonged and continuous skin-to-skin contact and exclusive breastfeeding to be beneficial for term, normal birth weight infants also, but since WHO currently doesn't recommend KMC for these infants, we did not include it in this Guide. In cases where a clear WHO position on an issue was not defined, expert consensus was used to guide the information included in this document. WHO along with KMC Practice Guide working group held several discussions with the several global experts to arrive at a consensus with an objective to provide the most up-to-date practical guidance that is simple to understand, feasible to implement and can ensure best outcomes for the newborns without compromising their safety. Subsequently, another round of extensive feedback on the technical content and usability of the Guide from an end-user perspective was obtained from WHO experts in newborn health, maternal health and nutrition, and a separate group of external, global experts and health workers from varied settings.

A set of resource materials, including several videos, were also developed to accompany the Guide. These were all reviewed by the relevant experts. The links to external materials have been included only where such materials are freely available in the public domain and the content aligns with WHO guidelines/guidance. All the required permissions were obtained to include a reference to these materials in the Guide. **The content and resources in this Guide will continue to be updated as the evidence and practices evolve.**

How is this Guide intended to be used?

This document can be used to develop national and local guidelines and protocols from which training material can be developed. While this guide includes many helpful learning resources including videos demonstrating various clinical procedures related to KMC, this document is not meant, as it stands, to be used for training purposes. The health workers supporting KMC for the first time will need to learn skills in a health facility practicing KMC. Other training materials and activities are needed to acquire the necessary skills to support KMC practice, e.g., those on providing standard care to small and/or sick newborns.

The guidance provided in this Guide may be adapted to specific circumstances including varying case mix, human resources and skills, the level of the health facility (primary, secondary, tertiary, or higher), and the local resources available.

The Guide assumes that the broader health system components are in place in a country to enable KMC practice – for example, that a functional health system that provides basic maternal and newborn care is available in the country, that most people can access this care, and basic services for the care of preterm or LBW newborns are available.

POINTS TO NOTE

- KMC experts and practitioners have adapted certain aspects of KMC practice over time, based on their experience, context, and local resources. Since these adaptations and variations have worked in different settings, the areas of difference have been highlighted where applicable, and health workers may adopt those variations best suited to their context..
- Different terms are used in different contexts by different experts in reference to KMC. This guide avoids using context specific terminology to ensure a focus on clear messages to guide practice.
- The term skin-to-skin contact in this Guide is used when only this component of KMC is being referred to, e.g., in reference to the surrogate (? Example Not clear, don't we say KMC by surrogate). It (what is 'it'?) always means that the newborn is placed prone in direct skin-to-skin contact with the mother/surrogate in kangaroo position/KMC position, unless specified otherwise; and is continuous and prolonged, aiming for 24 hours but minimum 8 hours/day.

The last bullet is not clear for a reader. Needs clear articulation for what STS means in this guide, as opposed to KMC.

¹ Kangaroo Mother Care: a practical guide. World Health Organization; 2003

ⁱⁱ Mazumder S, Taneja S, Dube B, Bhatia K, Ghosh R, Shekhar M, Sinha B, Bahl R, Martines J, Bhan MK, Sommerfelt H, Bhandari N. Effect of community-initiated kangaroo mother care on survival of newborns with low birthweight: a randomised controlled trial. *Lancet*. 2019 Nov 9;394(10210):1724-1736.

ⁱⁱⁱ WHO Immediate KMC Study Group; Arya S, Naburi H, Kawaza K, Newton S, Anyabolu CH, Bergman N, et al. Immediate "Kangaroo Mother Care" and Survival of Newborns with Low Birth Weight. *N Engl J Med*. 2021 May 27;384(21):2028-2038.

^{iv} Mony PK, Tadele H, Gobezaeyehu AG, Chan GJ, Kumar A, Mazumder S, et al; KMC Scale-Up Study Group. Scaling up Kangaroo Mother Care in Ethiopia and India: a multi-site implementation research study. *BMJ Glob Health*. 2021 Sep;6(9):e005905.

^v WHO recommendations for care of the preterm or low birth weight newborn. Geneva: World Health Organization; 2022

^{vi} Kangaroo mother care: a transformative innovation in health care. Global position paper. Geneva: World Health Organization; 2023

^{vii} Kangaroo mother care: implementation strategy for scale-up adaptable to different country contexts. Geneva: World Health Organization; 2023