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# Kangaroo Mother Care Who

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Kangaroo Care

The Psychological Impact of Kangaroo Mother Care (KMC)

Pocket Book of Hospital Care for Children

Lived Experiences of Mothers when Providing Kangaroo Mother Care at the Hospitals in Vhembe District of Limpopo Province, South Africa

An Innovative Way of Care for Infants

Interactional Pattern Analysis of Mother-baby Pairs Using Kangaroo Mother Care Versus Incubator Care

Kangaroo Mother Care Guideline

Kangaroo Mother Care

Thermal Control of the Newborn

Black Mothers Experiences of Kangaroo Mother Care

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A Practical Guide

The Effect of Kangaroo Mother Care on Mother-child Interaction Between Adolescent Mothers and Their Premature Infants

A Review of the Literature

The Experience of Mothers Practising Kangaroo Mother Care in the East London Hospital Complex

Managing Newborn Problems

A Guide for Doctors, Nurses, and Midwives

Benefits of Kangaroo Mother Care on Preterm Infants

Kangaroo mother care for pre-term and low-birthweight infants

Kangaroo Mother Care

Kangaroo Mother Care

Implementation Workbook for Kangaroo Mother Care

Kangaroo Mother Care

Principles of Kangaroo Mother Care

Kangaroo Mother Care Within the First Hour After Birth

Kangaroo Mother Care for Preterm Infants

Kangaroo Babies

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE REGARDING KANGAROO MOTHER CARE AMONG MOTHERS OF LOW BIRTH WEIGHT BABIES ADMITTED IN POST-NATAL WARD AT RAJARAJESWARI MEDICAL COLLEGE & HOSPITAL BANGALORE

Describing Mothers Compliance to Kangaroo Mother Care at a Selected Hospital in Southern Malawi

Welcoming Your Baby

Guidelines on Optimal Feeding of Low Birth Weight Infants in Low- And Middle-Income Countries

WOULD GENERAL PRACTITIONERS PROVIDE CORRECT INFORMATION TO MOTHERS AND FATHERS OF INFANTS? AN ASSESSMENT OF THE KNOWLEDGE BASE RELATED TO BREASTFEEDING AND KANGAROO MOTHER CARE.

Knowledge of and Attitudes Towards Kangaroo Mother Care in the Eastern Sub District, Cape Town

Perceptions of Kangaroo Mother Care Held by Adolescent Mothers

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Mothers' Experience  
Kangaroo Mother Care in Eastern Cape  
The Best You Can Do to Help Your Preterm Infant

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*Kangaroo Care* Elsevier Science Health Science Division  
Mortality and morbidity due to low birth weight and pre-term birth are high, especially in low income countries where resources and qualified neonatal staff are scarce. There is a need to find safe measures that reduce the cost of care without sacrificing quality. The Kangaroo Mother Care (KMC) method could be a viable solution, since it addresses many of the problems encountered with the conventional method and provides warmth and care while promoting bonding, breastfeeding and early discharge. Much research has been done on the use of KMC in different settings, but less has been done on its practice from the mother's point of view. This study explores the quality of the mothers' experiences with KMC in the East London Hospital Complex, where it has been practiced since July 1999. The aim of the study was to identify factors that influenced mothers' knowledge, attitudes and opinions regarding the practice of KMC. The information in this book is intended to shed some light on the maternal factors that determine a successful KMC practice implementation helpful for health care workers in any kind of settings implementing or aspiring to implement KMC.

The Psychological Impact of Kangaroo Mother Care (KMC) Bantam

This Is a Academic Book By Author Mrs. Purnima

Pocket Book of Hospital Care for Children Souvenir Press

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 guide is intended for health professionals responsible for the care of low-birth-weight and preterm infants. Designed to be adapted to local conditions, it provides guidance on how to organize services at the referral level and on what is needed to provide effective kangaroo mother care.

*Lived Experiences of Mothers when Providing Kangaroo Mother Care at the Hospitals in Vhembe District of Limpopo Province,*

*South Africa* World Health Organization

Background More than 15% of 24 lakh child deaths could be averted in India by optimal breastfeeding practices. Kangaroo mother care (KMC) can prevent most of the deaths in this population and the infants can have superior developmental outcomes lasting into adult life. We assessed the completeness of basic knowledge of breastfeeding and kangaroo mother care in general practitioners in Anand district of Gujarat. Methodology: We approached 180 doctors in and around the Anand who are either allopathic, homeopathic or ayurvedic practitioners of healthcare. They filled out a survey questionnaire which asked them to provide answers related to breastfeeding and kangaroo mother care. Data were analyzed by descriptive statistics. Result 158 doctors responded (41 MBBS, 85 BHMS, and 32 BAMS). 69% believed breastfeeding should be started as soon as possible with 91% believed colostrums is good for the baby. 72% believe breastfeeding is not enough and animal milk, water, honey, and other fluids to be given. Only 56 % believe breastfeeding is exclusively given for 6 months. 40% believe formula feed is more convenient than breastfeeding. 9% knew all signs of good attachment and 12 % knew all signs of good positioning. 78% believe breastfeeding should be avoided when mother the is sick and 68% believe it is to be omitted when baby is sick. Only 21% knew about KMC. Conclusion There is a wide gap in the knowledge fund of general practitioners. Interventions need to be designed to get them up to speed so that the infants provided care by them get the best care.

**An Innovative Way of Care for Infants** Booksclinic Publishing  
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.

*Interactional Pattern Analysis of Mother-baby Pairs Using Kangaroo Mother Care Versus Incubator Care* World Health Organization

Kangaroo Mother Care was created to help premature and low-birth-weight-infants develop into healthy babies. Once the

newborn baby's heart rate and feeding have been stabilised, it remains with its mother who provides, 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 bonding. The Kangaroo Mother Method is now used in thirty 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 is been adapted and is used widely alongside incubator care to heal the sense of isolation and helplessness both parents and babies can feel in the tense initial weeks of the baby's life.

Providing a history and a beautifully illustrated practical guide to kangaroo mothering, Nathalie Charpak'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-weight-infants develop into healthy babies. Newborn babies remain with their mothers who supply the benefits of incubator care; babies are bound to their mothers, or other carers, in skin-to-skin contact. The physical contact regulates the babies' body temperature, and provides essential stimulation, as well as initiating bonding. Providing a history and beautifully illustrated practical guide to kangaroo mothering, Nathalie Charpak provides an essential guide to an approach that will change the way mothers relate to newborn babies, and improve the way hospitals treat premature babies.

**Kangaroo Mother Care Guideline** CRC Press

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.

**Kangaroo Mother Care** LAP Lambert Academic Publishing  
Printbegrænsninger: Der kan printes kapitelvis.

*Thermal Control of the Newborn* Kangaroo Mother CareA Practical Guide

Background: Kangaroo Mother Care (KMC) 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 principle, 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 urban hospitals in Jeddah, KSA. Ethical approval was gained, and data were collected between March and May 2011. The quantitative element comprised a two-group, individually randomised controlled pilot 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 expectation-fulfilment model. The qualitative element comprised semi-structured interviews, within 48 hours of 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 appropriate; 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 the effect of KSA culture on women's mobility and the impact that this had on their ability to carry out KMC if they were personally discharged but their baby remained in the NICU. Conclusion: A large scale RCT 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.

*Black Mothers Experiences of Kangaroo Mother Care* World Health Organization

Every year throughout the world, about four million babies die before they reach one month old, most during the critical first week of life. Most of these deaths are a result of the poor health and nutritional status of the mother, combined with problems such as tetanus or asphyxia, trauma, low birth weight, or preterm birth. However, many of the conditions which result in perinatal death are preventable or treatable without the need for expensive technology. Against this background, this publication contains guidance on evidence-based standards for high quality care provision during the newborn period, considering the needs of mother and baby. It has been produced to assist countries with limited resources to reduce neonatal mortality. The information is arranged under four main headings: clinical assessment, findings and management; principles of newborn baby care; procedures; record keeping and essential equipment, supplies and drugs.

**The Association of Kangaroo Mother Care, Energy Conservation, and Bonding in Preterm Neonates**

*Kangaroo Mother CareA Practical Guide* World Health Organization  
**Knowledge, attitudes and practices of Kangaroo mother care among health care professionals in Keetmanshoop district in //Kharas region of Namibia**

Purpose: To examine the association of kangaroo mother care (KMC) on energy utilization and bonding as evidenced by reduced biochemical markers of adenosine triphosphate (ATP) degradation, hypoxanthine (Hx), xanthine (Xa), and uric acid (UA), and (allantoin), a measure of oxidative stress in preterm infants 24-36 weeks gestation. A secondary objective was to compare specific physiological parameters using bedside monitoring and perfusion and oxygenation of the gut using near-infrared spectroscopy (NIRS) during 1 hour of KMC compared to incubator care. Study design: A randomized controlled trial (RCT) examining the effects of 1-hour of KMC or 1-hour incubator care on urinary markers from samples collected 3-6 hrs before, and 3-6 hours

after KMC. Preterm infants (n = 51) were assigned to intervention/control groups using stratified randomization based on weight. Urine concentrations of Hx, Xa, and UA were measured using high performance liquid chromatography (HPLC) and allantoin was quantified using gas chromatography-mass spectrometry (GC-MS) methods. Bonding was measured using the Mother-to-infant Bonding Scale, a reliable 8-item self-assessment scale linking early maternal moods to difficulties in bonding. Psychometric properties have demonstrated a two-factor model, good predictive validity, a sensitivity of 0.90 and specificity of 0.80 for a threshold score  $\geq 2$ , and acceptable internal consistency ( $\alpha = 0.71$ ). Physiologic measures were captured using bedside monitoring and abdominal NIRS to capture gut perfusion and oxygenation. Results: There was a decrease in oxidative stress ( $p = 0.026$ ) in the KMC group compared to incubator group. In both groups there were trending improvement in uric acid ( $p = 0.025$ ) and xanthine ( $p = 0.042$ ) over time, and in abdominal temperatures ( $p = 0.004$ ) and perfusion index ( $p = 0.031$ ) over time. No other physiologic or urinary measures showed statistically significant changes either between the groups or over time. A mixed model analysis of variance (ANOVA) was conducted with the use of unstructured covariance matrix adjusted using the Bonferroni method to assess the changes in the outcome measures of urinary purines and physiological measures. Mother-Infant Bonding scores were calculated using relative risk. The number and percentage of subjects who changed their MIBS scores from baseline to time 3 were measured, and the comparison of these changes between the KMC on DOL 3 and DOL 4 as measured by the Mother-Infant-Bonding-Scale (MIBS) in intervention and control groups were calculated. We found that scores showed that KMC mothers showed a higher risk of bonding problems than those in the control group. Nineteen percent more mothers in KMC group demonstrated an increase in MIBS score or a 26 percent increase relative risk for an increase of score ( $RR = 1.26$ ; 95% CI 0.97,1.63). However, the results were not statistically significant as the null value was included in the 95% confidence interval. Significance was set at an alpha of 0.05. Conclusions: This is the first study of its kind to evaluate the association of KMC on biochemical markers of stress and physiological parameters of abdominal near-infrared spectroscopy (NIRS) and abdominal temperatures in

preterm infants 24-36 weeks gestation. The results of this study suggest that stress and inflammatory processes are decreased in the presence of KMC. Further research is needed to understand the role of biochemical markers and KMC and its implications in nursing research in preterm neonates and improved outcomes. This study has the potential to provide the physiological data to further support the benefits of energy conservation for recovery and growth in neonates.

#### **A Practical Guide**

**Give Your Preterm Baby the Best Possible Start in Life** If you have just given birth to a preterm infant, you and your baby both face special challenges. Parents long to help their baby but often feel isolated frightened by hospital procedures. Now there is wonderful news for both babies and parents. Kangaroo Care, a technique pioneered in leading neonatal centers worldwide, gives you a unique role: a special way of holding your infant that provides crucial health benefits—including shorter hospital stays. Based on ground-breaking research, Kangaroo Care is a step-by-step guide to bringing these benefits to your baby—even if your neonatal unit does not yet have a Kangaroo Care program. It explains:

- Why Kangaroo Care enhances your baby's development
- How to use the technique even if your infant requires a ventilator or an incubator
- How to understand your baby's signals of distress or comfort—and how to respond
- How you can work with the neonatal staff to provide the best for your baby between your visits
- How to involve fathers as well as mothers
- All the proven results of Kangaroo Care—including a more relaxed, healthier, and contented baby

The complete parents' guide to the revolutionary new treatment for preterm babies: Kangaroo Care

The Effect of Kangaroo Mother Care on Mother-child Interaction Between Adolescent Mothers and Their Premature Infants

Human milk is considered the optimal form of nutrition for all infants, but especially the premature or critically ill infant. But this group of infants cannot initiate breastfeeding in the usual manner. Mothers of these infants must start pumping their breasts for milk early, and continue this ritual for weeks or even months depending on the infant's condition. During this time a mother may find it hard to establish and maintain a milk supply. Kangaroo mother care (KMC), defined as holding infants skin-to-skin, dressed only in a diaper, against the chest of their mothers

and fathers, has been prescribed in hospitals for other purposes since the 1980's (p. 3). This pilot study examines KMC as a non-invasive intervention to enhance the success rate of starting and maintaining a milk supply for this group of mothers. The setting was a 50-bed Level III neonatal intensive care unit where five participants completed a diary for two consecutive weeks. This diary recorded KMC events, breast pump times and the amount of milk produced at each pumping. Due to the small number of participants, data were analyzed using frequency and descriptive analysis only. This data provided evidence that KMC does enhance milk production, with 80% of the participants having an increase in milk production on the days they participated in KMC.

#### A Review of the Literature

Authoritative, clear, concise, and practical, this highly acclaimed book continues to be an essential text for all medical, surgical and health professionals who want to have an easily accessible, quick reference to systematically reviewing the literature. Learn about the key steps to reviewing the literature Carry out your own reviews with expert guidance Assess the credibility of recommendations in published reviews and practice guidelines New for the second edition Many new case studies Examples from medicine, surgery, health professions and consumer information Expanded, updated and revised with practical guidelines and invaluable advice The authors are veterans of over 150 systematic reviews and have helped form policy and practice. They have ensured that this concise, practical text, which avoids technical jargon, continues to be the first reference for all health professionals undertaking literature reviews.

#### The Experience of Mothers Practising Kangaroo Mother Care in the East London Hospital Complex

The Pocket Book is for use by doctors nurses and other health workers who are responsible for the care of young children at the first level referral hospitals. This second edition is based on evidence from several WHO updated and published clinical guidelines. It is for use in both inpatient and outpatient care in small hospitals with basic laboratory facilities and essential medicines. In some settings these guidelines can be used in any facilities where sick children are admitted for inpatient care. The Pocket Book is one of a series of documents and tools that support the Integrated Management.

#### **Managing Newborn Problems**



This study aims to determine the knowledge of and attitude towards kangaroo mother care, of nursing staff and kangaroo mothers in the Eastern sub-district of Cape Town. This cross-sectional descriptive study collected data from all nursing staff and mothers involved in kangaroo care at one hospital over a period of 3 months and the relevant nursing staff from feeder prenatal clinics in the sub-district, using a structured questionnaire in face-to-face interviews. Data was entered and analysed in Epi-Info (2007). Response frequencies were calculated for items on the attitude scale and for knowledge and practice variables. The mean gestational age of the infants was 32 weeks and the mean birth weight was 980g. The majority of mothers (70%) knew of the importance of KMC and had a positive attitude towards KMC

although they did not receive enough information about KMC at the prenatal facilities. The majority of the nursing staff had some knowledge of the advantages of KMC, appreciated its value and had a positive attitude towards KMC. The most important gap for improving KMC implementation was identified to be a bigger and better equipped KMC ward and lack of education given to mothers at prenatal clinics.

#### **A Guide for Doctors, Nurses, and Midwives**

The Department of Child and Adolescent Health has developed guidelines on optimal feeding of low birth weight infants in low- and middle-income countries. These guidelines include recommendations on what to feed low-birth weight infants, when to start feeding, how to feed, how often and how much to feed. The guidelines were developed using the process described in the

WHO Handbook for Development of Guidelines. Systematic reviews were conducted to answer 18 priority questions identified by the guidelines development group. The population of interest is low-birth weight infants, and the critical outcomes include mortality, severe morbidity, growth and development. The implementation of these guidelines in low- and middle-income countries is expected to improve care and survival of low birth weight infants.

#### **Benefits of Kangaroo Mother Care on Preterm Infants**

This fourth module is a guideline to coach and quality of care for Kangaroo Mother Care (KMC) for preterm and low-birthweight infants.

*Kangaroo mother care for pre-term and low-birthweight infants*

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