

KANGAROO MOTHER CARE

Select the objective:

1. Observe a health worker supporting selected activities of kangaroo mother care.
2. Support a mother or caregiver for selected activities of kangaroo mother care.

Name of observer: Date:

Environment

Yes No

Are all small babies in kangaroo mother care position with a caregiver? ☐ ☐

If not skin-to-skin, how are the babies cared for?
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Do caregivers have a comfortable safe place to provide continuous kangaroo mother care? ☐ ☐

Are all babies secured with a wrap or binder? ☐ ☐

Are all babies wearing a hat? ☐ ☐

Is the temperature of the room between 25 - 28°C? ☐ ☐

Do caregivers have access to:

- hand hygiene, bathing facilities, and toilets? ☐ ☐

- food preparation? ☐ ☐

- space for family visits? ☐ ☐

Counselling and preparation

Counselled, explaining KMC using simple language WHY, WHAT and HOW ☐ ☐

Prepared materials with mother ☐ ☐

Demonstrated gentle safe handling and KMC positioning using mannequin ☐ ☐

Positioning for KMC

Performed hand hygiene with caregiver ☐ ☐

Assisted mother or caregiver for positioning of baby ☐ ☐

Observed and provided guidance to mother or caregiver for positioning and
securing independently..... ☐ ☐

Supported mother to:

- observe her baby's activity, breathing, colour, and temperature ☐ ☐

- perform hand hygiene ☐ ☐

- move newborn into good position for feeding ☐ ☐

- change diaper and safely dispose of waste ☐ ☐

- safely return baby to KMC position ☐ ☐

Collecting and using data

	Yes	No
Does the baby have clinical notes separate from the mother?	<input type="checkbox"/>	<input type="checkbox"/>
Have the following been recorded today?		
Vital signs	<input type="checkbox"/>	<input type="checkbox"/>
Intake and output	<input type="checkbox"/>	<input type="checkbox"/>
Weight (and growth)	<input type="checkbox"/>	<input type="checkbox"/>
Mother's observations on her baby:		
Activity, breathing, colour, temperature	<input type="checkbox"/>	<input type="checkbox"/>
Feeding	<input type="checkbox"/>	<input type="checkbox"/>
Output	<input type="checkbox"/>	<input type="checkbox"/>
Health worker assessment of baby	<input type="checkbox"/>	<input type="checkbox"/>
Health worker assessment of mother's confidence and capabilities	<input type="checkbox"/>	<input type="checkbox"/>

Preparing for care at home

Has a health worker discussed the following with the caregivers?		
Growth, progress and plan of care for the baby in the facility	<input type="checkbox"/>	<input type="checkbox"/>
Home environment (household members, heating, water source, communication, transport)	<input type="checkbox"/>	<input type="checkbox"/>
Activities of daily living including sleep and safety at home	<input type="checkbox"/>	<input type="checkbox"/>
Discharge criteria, medical and developmental follow-up and community support	<input type="checkbox"/>	<input type="checkbox"/>
Answered questions from mother and family	<input type="checkbox"/>	<input type="checkbox"/>

Dialogue with a mother practicing Kangaroo mother care

How do you feel about practicing KMC?

What information were you given?

When was this information given?

How old was your baby when KMC started?

What was explained about the position of the baby and method for securing the infant?

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How many hours per day does your baby receive KMC?

How is your family supporting you to provide KMC?

What do you do with the baby when you need to sleep, bathe or use the toilet?

What was explained about when your baby will be ready to go home?

What concerns do you have about taking your baby home?

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Discuss together

What did you observe?
What was done well?
Problems identified?
Change needed?

Complete QI template