

Answers - Common questions on KMC

1. Frequently asked questions



What are the benefits of Kangaroo Mother Care (KMC)?

KMC has been shown to increase breastfeeding rates; decrease the risk of apnoea, irregular breathing, hypothermia and infection; improve growth; and importantly promote bonding between mothers and their babies. KMC has been shown to halve preterm deaths.

Which babies benefit from KMC?

KMC is currently recommended for all stable babies < 37 weeks and weighing < 2.0 kg. Babies 2.0–2.5 kg may also benefit from KMC.

Can I take care of my tiny baby as well or better than a health professional?

Small babies need constant warming and frequent feeding with breast milk. KMC care by you or a family member provides this better than modern technology and formula milk and reduces the risk of illness and death. With support, you and your family can do this very well.

Who can give skin-to-skin (STS) contact for my baby?

STS care can be provided by the mother, the father or healthy grandparents.

What do family members need to know to support KMC?

Howto: • position the baby correctly and safely against the chest

METHODS • breastfeed properly

- express breast milk and give it to the baby if the baby cannot suck
- recognize when the baby is sick or needs help.

These can be demonstrated by a health worker, another mother, or family practising KMC.

How long each day do we put our baby in the KMC position?

KMC is initiated right after birth and practised all day and night, every day. WHO recommends the baby to spend at least 20 hours each day in direct STS contact. Breaks should not last more than 30 minutes.

How long should I continue KMC?

KMC is continued until the baby does not want to be in the position any longer. This usually happens when the baby has reached an adequate weight and is able to suck and breastfeed on its own. Most babies will stay in KMC for a few weeks. Babies who are born small may stay in KMC for up to 2 months.

Our little baby does not want to lie on my chest, and seems to be more comfortable on the bed. Should I stop KMC?

No. KMC should be continued. Babies usually get used to the KMC position quite quickly. If the baby seems restless, check that she or he has been secured in the correct position, that she or he is being fed adequately and frequently enough and that there are no signs of illness.

Should I continue doing KMC if my baby is cold or has a fever?

Babies who are cold or have fever should be kept in KMC and evaluated by a health professional. They may be sick, but will benefit from being kept warm by STS contact.

What should I do if my baby is in the KMC position and occasionally stops breathing or turns blue?

This is called apnoea. The baby should be kept in the KMC position and a health professional should be called immediately to examine the baby. The KMC position reduces apnoea and irregular breathing.

If I have a cold and cough, can I do KMC?

People with a cough, cold or fever should not provide KMC to the baby, since they may transmit the infection. A healthy family member should provide KMC instead. However, you should continue expressing breast milk as this will help protect the baby from the mother's infection.

My baby is on CPAP (continuous positive airway pressure). Can I do KMC?

KMC can be practised when the baby is on CPAP. KMC will continue to benefit the baby. You are more restricted in where you can go, however, when the baby is on CPAP.

My baby has jaundice. Can she or he have phototherapy while receiving KMC?

Certain types of phototherapy can be done while the baby is in the KMC position.

Who should feed my baby when I do KMC? How often should I feed my baby?

You should feed the baby yourself with the baby in the KMC position. If the baby is able to suck then you can feed them directly from the breast. This can be done either sitting up or lying down. You should try to feed the baby every 2 hours on average, 8–12 times a day.

My baby is very small and not able to breastfeed. How can I feed her or him?

If your baby is not able to suck, then she or he can be fed your own expressed breast milk. This can be given to the baby in a cup or a spoon. In small babies who cannot swallow (usually babies less than 28 weeks) breast milk can be given through a stomach tube.

When should I start breastfeeding my baby? She or he is still very small now and on a stomach tube.

Your baby will develop a suck and swallow reflex and be able to successfully breastfeed between 32–36 weeks. Each baby is different. Babies < 28 weeks usually require tube feeding because they do not have a swallow reflex. From 28–32 weeks babies can shift to cup-and-spoon-feeding and begin to practise breastfeeding. All babies > 32 weeks should attempt breastfeeding every day with cup-and-spoon-feeding added if required. Once your baby starts showing feeding cues, she or he should be exposed to your breasts to learn the smell, shape and texture of your nipple and areola. The baby may initially suck for brief periods, but with repeated attempts will feed longer until normal breastfeeding begins.

How do I know whether my baby is breastfeeding sufficiently?

Babies receiving sufficient breast milk are calm and are not distressed. Steady growth is the best sign that the baby is getting adequate breast milk. It is normal for preterm babies to lose 10% of their body weight in the first 7–10 days of life, even if they are receiving adequate breast milk. By 7–10 days after birth, they should have gone back to their birthweight. After 10 days, a weight gain of at least 10 g/kg per day is expected if babies are receiving an adequate amount of breast milk.

Babies born by caesarean section may lose a higher percentage of their birthweight because they do not pass through the birth canal and therefore have more retained fluid at birth.

When can my baby go home?

Your baby can go home when she or he is feeding well, gaining weight, has a stable temperature, and when the mother and family have the confidence to practise KMC at home.

My baby does not gain weight, should I feed her or him some formula?

Formula should not be given. Poor weight gain can usually be solved by positioning better on the breast, making sure the baby is attaching and feeding properly, expressing more breast milk (by expressing day and night) and feeding with a cup or spoon, ensuring that feeds are given often enough. If weight still doesn't improve, the baby can be fed more nutrient-dense hindmilk. Also, KMC should be practised as much as possible which helps keep baby warm and promotes growth. Babies who suddenly stop gaining weight need to be assessed for a medical problem.

What signs I should watch for at home?

Signs that the baby may be sick and needs to be seen by a health professional include:

- rapid breathing (> 60 breaths/minute),
- chest being sucked in under the ribs (indrawing), irregular or loud breathing (gasping or grunting),
- stopping breathing for 20 seconds or more (apnoea),
- pale colour or blue on the lips and around the mouth,
- baby feels cold or hot,
- difficulty feeding or persistent vomiting, diarrhoea or a distended abdomen,
- convulsions, or
- yellow colour of skin (jaundice).

When should my baby have immunizations?

Immunizations should be given to your baby before discharge. They will be given according to the current national vaccination schedule for babies. Vaccinations given will be entered into your baby's health card.

How can I prevent regurgitation, vomiting, aspiration and choking at home?

After feeding your baby, ensure that enough time is allowed to bring up air that she or he has swallowed during the feed. Keep them calm and in the KMC position. After a feed keep your baby in an upright position for at least 10–15 minutes to give time for the feed to be at least partially absorbed.

What should I do if my baby develops a rash at the STS contact site?

Stop using any soaps, creams or perfumes on you or your baby's skin. Keep your own skin as dry as possible by periodically wiping it with a clean cloth. It is important to continue KMC.

My baby sometimes seems distressed. What should I do?

Your baby may feel distressed because of hunger, being cold, reflux after a feed or a medical problem. Have the baby examined by a health worker to rule out medical problems. Often the cause of distress is not clear, but many babies respond well to continued KMC, holding and massage that comforts babies and reinforces the bond between mother and baby. Mothers often learn to understand the body language of their baby and how to comfort them when necessary.