
WHO recommendations on KMC (updated 2022)

Recommendation A1a: Any KMC (5)

KMC is recommended as routine care for all preterm or LBW infants. KMC can be initiated in the health-care facility or at home and should be given for 8–24 hours per day (as many hours as possible).

(Strong recommendation based on high-certainty evidence of a reduction in mortality, moderate-certainty evidence of a reduction in infections and hypothermia, and low-certainty evidence of improvement in weight gain.)

Remarks

- KMC can be given at home or at the health-care facility.
- Infants who receive KMC should be secured firmly to the mother's chest with a binder that ensures a patent airway.
- Whenever possible, the mother should provide KMC. If the mother is not available, fathers or partners and other family members can also provide KMC.
- Infants who need intensive care should be managed in special units, where mothers, fathers, partners and other family members can be with their preterm or LBW infants 24 hours a day.

Recommendation A.1b: Immediate KMC (5)

KMC for preterm or low-birth-weight infants should be started as soon as possible after birth.

(Strong recommendation based on high-certainty evidence of a reduction in mortality and hypothermia, and low-certainty evidence of a reduction in infections and improvement in weight gain.)

Remarks

- At home, immediate KMC should be given to infants who have no danger signs.
- At health-care facilities, immediate KMC can be initiated before the infant is clinically stable unless the infant is unable to breathe spontaneously after resuscitation, is in shock, or requires mechanical ventilation. The infant's clinical condition (including heart rate, breathing, colour, temperature and oxygen saturation, where possible) must be monitored.

