

Immediate Kangaroo Mother Care (i-KMC)

Background /Rationale

Preterm birth complications are the single largest cause of death, and over two thirds of all neonatal deaths occur in preterm and low birth weight infants. A recent Cochrane review reported a 40% reduction in mortality with this intervention compared with standard care in hospitalized infants with birth weight <2000 grams. However, KMC is usually initiated 3-10 days after birth, which means that a large number of deaths among preterm/LBW babies have already occurred. This trial aims to ascertain if initiating KMC immediately after birth has additional benefits for survival.

Study Questions & Design

In babies with birth weight 1.0 to <1.8 kg, what is the effect of continuous KMC initiated immediately after birth compared to current practice of initiating continuous KMC after stabilization on their survival?

Programmatic Implications

If immediate KMC is found to be effective in reducing deaths, it will greatly enhance the overall impact of KMC on survival because based on current recommendations KMC is usually started after about 60% of preterm deaths have already occurred.

Locations & Collaborators

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India	Clinical Development Services Agency (CDSA), Safdarjung Hospital, New Delhi (Dr Monika Bahl, Dr Harish Kumar Chellani)
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Nigeria	Faculty of Medicine, Obafemi Awolowo University, Ile-Ife (Prof Ebun Adejuyigbe, Prof Oluwafemi Kutu)
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Data Collection

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