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## **Benefits of Kangaroo Mother Care** Rachel Pippin, SN & Stephanie Lyons, SN

Kangaroo Mother Care (KMC) is a simple, low-cost, effective alternative to traditional care of low birth weight and premature infants. It not only directly benefits infants but promotes infant-parent bonding and overall parental satisfaction. Nurses are concerned with its use, but agree on its implementation possibilities.

## Background

KMC is swaddling of an infant skin to skin on mother chest with its head turn to the side and legs and arms flexed. KMC first appeared in South Columbia in 1983 for pretem infants. It is also endorsed and encouraged by many national organizations

## **Purpose & Aims**

- To explore the benefits of KMC vs. traditional care
- To understand the current use in clinical settings
- To review the level of neonatal nursing knowledge
- To understand the parental satisfaction and use
- To promote the use of KMC

## Sample

- Low birth weight infants <2000g
- Preterm infants
- Preterm infant twin study
- Parents of low birth weight and preterm infants
- Neonatal nurses

## Methods

CINAHL search for Kangaroo care, preterm or low birth weight studies from 2009 forward.





## What We Learned

## Results

# kangaroo care

the practice of holding or wearing a newborn skin-to-skin

# benefits to baby

- helps regulate baby's body temperature
- more rapid brain development
- close hold enhances successful breastfeeding
- decreased crying
- earlier parent-child bonding
- warmth mimics calming environment of the womb

to practice kangaroo care in the Baby K'tan, simply remove your shirt and your infant's shirt, and place your newborn skin-to-skin in the kangaroo position

[Web Photo]. Received from www.babyktan.com

[Web Photo]. Retrieved from thedahlbergdaily.blogspot.com





## Discussion

- KMC vs. Traditional Care of Low birth weight infants though cohort study, randomized controlled study, case study, and descriptive quantitative study.
- Benefits include reducing pain response, reducing mean length of hospital stay, increasing exclusive breastfeeding at discharge, increasing bonding and parent satisfaction, improving breathing pattern, supporting faster weight gain, and protecting against hypothermia, hypoglycemia, and sepsis.
- High feasibility in clinical setting. Nurses found it satisfying and beneficial.
- Mother's found KMC easily practiced, satisfying and had confidence in its unassisted use.

## **Next Steps**

- Education of neonatal nurses on use of KMC
- Workshops to increase skill and confidence in KMC implementation
- Incorporating interdisciplinary and multidisciplinary team uses

## Limitations

- Only 4 studies review
- Case studies are limited for generalization
- Lack of clarity in definition of KMC

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