Background

Safe & simple method of providing care for low birth weight (LBW) neonates. Includes early, continuous & prolonged skin to skin contact of neonates with more or care giver in the family. Benefits for neonates are increased breast feeding rates, better thermal control, less morbidity & mortality & early discharge from the hospital. Ideally KMC should be practices uninterruptedly for 24 hours per day. KMC is given for minimum an hour & gradually increased to as long as possible up to 24 hours

PROBLEM

Neonates in NICU receiving KMC less than two hours in a day. No infrastructure & personnel assigned to give KMC in the unit. Lack of Knowledge among staff about KMC. Increase in number of premature babies in the unit

TEAM MEMBERS

➢ NICU - Nodal Officer
➢ Two Medical officer
➢ NICU- Sister In-charge
➢ Four Staff Nurses
➢ Mothers

AIM

To increase the duration of KMC for eligible LBW neonates from >2 hours per day to 10 hours per day from May, 2016 – May, 2017 in Government District Hospital, India

Outcome - Discharge weight, Weight gain, Breast feeding at discharge, Bonding between mother and baby.

CHALLENGES

➢ Lack of infrastructure & human resources in doing the KMC.
➢ Lack of motivation, knowledge & confidence among staff in doing the KMC
➢ Lack of support form mothers & other family member.
➢ Lack of resources to convince mother to do KMC as no posters, no room, no audio visual available for KMC.
➢ Conservative belief from the mother & the family member.
➢ KMC performing only morning shift
➢ Lack of privacy of mothers or family members.
➢ Room don’t have beds, chairs, AC, washroom, KMC clothes is not available.

ACTION TAKEN & CHANGE IDEAS

➢ Multi-disciplinary task force meets monthly to review specific cases required KMC
➢ Before changing anything, we spent time understanding the culture, attitude and the work behavior as well as the case load
➢ Key Processes Mapped with multidisciplinary healthcare teams and possible causes of KMC
➢ Providing Beds & Chairs to mother for KMC
➢ In house tailored KMC gowns for mothers & towel for babies
➢ Documentation of KMC processes & outcomes in register
➢ Important vitals recording of the baby before and after KMC procedure in KMC board in front of the unit
➢ Counselling the mothers about benefits of KMC twice a week i.e. Tuesday & Friday
➢ Encouraging to mothers about early KMC at warmer side, baby on oxygen.
➢ In KMC room Pasted KMC motivation & importance posters in the unit to understand & help in convincing mother to initiate KMC.
➢ Motivating other family member in for providing KMC where mother is the sole provider, encourage to give Father kangaroo care, Grand mother kangaroo care etc.
➢ Mothers start counselling other mothers & family members about the importance of KMC
➢ Showing videos on KMC & assigned a one nurse for each shift
➢ Kangaroo mother care workshop held and multi-disciplinary representation from across the unit present to share projects and ideas

RESULTS

➢ KMC has given more than 200 babies & the average duration of KMC increases to 11 hours a day
➢ No. of mothers doing KMC is almost 70%.
➢ Mean duration of KMC is 12 days
➢ Average weight gain/Kg/day is 14.4gms at the time of discharge
➢ Breastfeeding at discharge is 100%
➢ Longest duration of KMC is up to 14 hours

SASE CARE SAVING LIVES