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Humanity First, Technology Second. Reducing Infant Mortality Rate with Kangaroo Mother Care. Practical Evidence From South Africa

Abstract

There are many similarities between Indonesia and South Africa (SA), including diversity of population, economic and health indicators. The Ministry of Health (MoH) supported by USAID sponsored a visit to SA for a team of 14 health workers (pediatricians doctor, midwives, and nurses) representing MoH, Indonesian Pediatric Society (IDAI), and 3 Teaching Hospitals to explore ways of improving our newborn care. In particular we investigated Kangaroo Mother Care (KMC), which is widely used there. Program consisted of orientation to understand country similarities and differences, theoretical teaching and implementation strategy. We had practical exposure, training, and visited 5 hospitals (tertiary and secondary), 2 primary midwife obstetric units and 1 private clinic. We did find SA and Indonesia to be similar, therefore useful to learn from them. The theory of KMC is based on neuroscience, and shows that mother and baby are a dyad that should not be separated. Infant brain development requires maternal sensory stimulation based on skin-to-skin contact. The incubator separates mother and baby, and results in poorer neurodevelopment. RCT trials in SA (Bergman et al. 2004) have shown that skin-to-skin contact from birth is superior to incubator care for LBW infants. KMC is a care strategy with 4 components, position, nutrition, discharge and support. Health services we visited practiced KMC in many ways with different techniques, and we gained experience in different methods of doing KMC. For health services, KMC can be implemented in understaffed and under equipped circumstances. These advantages (1) stay as warm as incubators (2) are more psychologically stable (3) bond better with mothers (4) fewer serious infections (5) go home sooner (6) breastfeeding better and for longer do lead to decreasing infant morbidity and mortality rate. Nationwide surveys show 30% reduction in hospital ENND rate where it is implemented. We invite colleagues to work with, to find ways to adapt the model to be appropriate for our country.

Keyword : KMC, IMR, skin-to-skin, contact ,

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