

## **KMC FOR PREMATURE AND LOW BIRTH WEIGHT BABIES**

**The care of premature and low birth weight infants must be under the supervision of a qualified health professional if at all possible.**

The KangaCarrier was originally designed to enable mothers of premature babies to be permanent incubators for their babies. Medical research has shown that maternal infant skin-to-skin contact is better than incubators for keeping babies warm, provides better breathing and heart rate, better breastfeeding and better growth. The problem is a mother has a preconceived idea of an incubator as something stuck in a hospital ward and not allowed to be moved or to be touched. The mother has been an incubator for nine months, and with the KangaCarrier she can now carry on being an incubator. Many premature and low birth weight babies will have special needs and require medical care, all these can be provided together with continuous skin-to-skin contact.

(Please read the notes on "KMC FOR FULL TERM BABIES", before going on with this section.)

### **Skin-to-skin at birth**

Immediately after birth, the low birth weight baby should be dried, placed on mother's abdomen or chest, and covered with a cloth or blanket, just as described for a full term baby. Routine midwifery care and medical assessment should be completed speedily, with the newborn remaining on mother. Observations and monitoring will determine what medical support should be provided, and how this should be done.

This may in our current contexts require that the baby be separated, which must be accepted. A very premature infant may be too physically immature to exhibit the self-attachment behaviours of the full term baby, but the opportunity for early skin-to-skin contact is important nevertheless.

A premature baby will need help to breastfeed (7). Colostrum should be expressed and given by spoon or cup, or by gavage (tube) if necessary. For premature newborns, mothers should recline at an angle of 30 degrees, and should avoid moving about too much. This helps the baby's breathing and sense of balance. Newborns should be stimulated as little as possible in this period.

### **After the first hour**

Many premature babies will be stable in skin-to-skin contact after 90 minutes, often to the surprise of health professionals. Decisions need to be made about feeding and fluids and continued care. Oxygen by mask or by CPAP can easily be arranged while in skin-to-skin contact, drips and feeding tubes can be secured sideways.

If the baby is stable and the mother well, the KangaCarrier can be used just as described for full term babies. An important difference is that a premature baby should not be fed on demand, it needs to be fed far more frequently, every hour or two, day and night. This means loosening the wrapper regularly, so that mother can express breast milk. This is good for the baby and mother, though baby must never get cold.

### **The first six weeks**

Many premature babies and low birth weight babies need intensive medical care, and may require care in incubators (6). Most neonatal intensive care units now allow mothers to start KMC for an hour or two a day, and build up the time successively as the baby gets better and the mother more confident. Even an hour a day has positive effects on baby, and just ten minutes a day can increase mother's milk supply!

Once the baby is stable and gaining weight the KangaCarrier can be used day and night, both sleeping and walking. This is what it was originally designed for !

***After six weeks***

“How long should the premature baby stay this way?”

Again, no two babies are the same, and in this case the answer depends on a number of factors. But until the baby weighs 1800g, providing an ongoing heat source is physiologically essential, and even up to 2.2 kg a baby will easily become hypothermic. Beyond that weight, consider the baby as full term and apply the advice as above!

Once a baby reaches 4 kg or thereabouts, the KangaCarrier can be replaced by a sling or by the traditional African method of carrying on the back.

For their optimal development: babies should be carried continuously until they can walk.