A. Preventive and promotive care

A.1 KANGAROO MOTHER CARE

Recommendation and remarks

RECOMMENDATION A.1a (UPDATED)

Any KMC:
Kangaroo mother care (KMC) is recommended as routine care for all preterm or low-birth-weight infants. KMC can be initiated in the health-care facility or at home and should be given for 8–24 hours per day (as many hours as possible). *(Strong recommendation, high-certainty evidence)*

RECOMMENDATION A.1b (NEW)

Immediate KMC:
Kangaroo mother care (KMC) for preterm or low-birth-weight infants should be started as soon as possible after birth. (Strong recommendation, high-certainty evidence) *(Strong recommendation, high-certainty evidence)*

Remarks

- Any KMC
  - KMC can be given at home or at the health-care facility.
  - Infants who receive KMC should be secured firmly to the mother's chest with a binder that ensures a patent airway.
  - Whenever possible, the mother should provide KMC. If the mother is not available, fathers, partners and other family members can also provide KMC.
  - Infants who need intensive care should be managed in special units, where mothers, fathers, partners and other family members can be with their preterm or LBW infants 24 hours a day.
- Immediate KMC
  - At home, immediate KMC should be given to infants who have no danger signs *(22)*.
  - At health-care facilities, immediate KMC can be initiated before the infant is clinically stable unless the infant is unable to breathe spontaneously after resuscitation, is in shock or needs mechanical ventilation. The infant's clinical condition (including heart rate, breathing, colour, temperature and oxygen saturation, where possible) must be monitored.

Background and definitions

Kangaroo mother care (KMC) is defined by WHO as early, continuous and prolonged skin-to-skin contact between the mother (or other caregiver) and the baby, and exclusive breastfeeding *(20)*. In 2015, WHO recommended that KMC be given to hospitalized babies under 2.0 kg as soon as the babies were clinically stable *(20)*. However, there has been wide variation among care providers (i.e. parents/primary caregivers and health workers) in the timing and duration of KMC *(37,38)*. New studies have also been published that assess the effects of KMC provided before clinical stabilization and also KMC initiated in community settings *(39,40)*.