

For premature babies

 kangaroomothercare.com/about-kmc/for-premature-babies

Kangaroo Mother Care (KMC) has often been used as a treatment for premature or preterm babies.

In a rural third world situation where no incubators are available this method of caring for preterm or low birth weight babies can be life-saving. This works because the baby on the mother's chest does not get cold, so the lungs function better. The baby in skin-to-skin contact also feels safe with mum's familiar heart beat and voice so they do not become stressed and the heart rate, blood pressure and breathing stabilize faster. On the mother's chest the baby also stimulates the production of breastmilk. This milk is vital for providing the preterm baby with the exact food needed to grow her brain.

About 4 million babies die each year in the first week of life, KMC could help 25% survive.

In a first world hospital setting KMC is also being used for premature babies. The same biology applies and means that the baby is more stable with all of the above benefits.

Any needed or available technology can be added when the baby is in skin to skin contact on mum's chest.

For both contexts it is not just SURVIVAL of the preterm baby, but it is also the QUALITY of that survival in terms of brain growth, healthy brain wiring, emotional connectedness, bonding and attachment. KMC helps the physical, emotional, and social development to be the best it possibly can be!

When to do skin-to-skin contact:

- Skin-to-skin contact should be for every baby at birth.
- It is even more important for premature babies to help them stabilise.
- You can do skin-to-skin contact when you are sleeping, or walking around.
- You can do skin-to-skin contact with a baby on a ventilator or other machines

Some countries use Kangaroo Care only as an add-on to incubator care as a bit of cuddling for 10-60 minutes a day which helps mum and baby to bond together. This does help the mother produce more breast milk ! But if you hold your baby for less than an hour or full sleep awake cycle, it gives no benefit to the baby and might even do harm. Some places only allow you to hold your baby once she is "stable" and a particular weight and off all monitors and machines.....advice???

Some say that the baby must stabilise in the incubator first and then have skin-to-skin contact. But this is a problem as babies do not stabilise in an incubator for days, they **do** stabilise in skin-to-skin contact.

Skin-to-skin contact should ideally be 24 hours a day so that your baby is never separated from you, her Mum. In this way stress is minimized. Some hospitals do not have enough space for mum's to sleep in the hospital, but now that you know the importance of her brain wiring properly you will make it a priority to spend as much time as possible. The ideal is for mum and dad to take it in turns for the full 24 hours!

So take leave or get home help or whatever is needed to give your prem your support – she is fighting for her life and she needs you to help her. You will never regret this time that you spend with her.

The smaller the prem, the more they need their mother's chest to stabilise even if they need medical technology as well.

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. 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.

Further information

How to use the KangaCarrier is also illustrated in two of our DVD's , called:

Kangaroo Mother Care – Rediscover the Natural Way to Care for Your Newborn Baby.

Hold Your Prem – the Film

Why Kangaroo Mother Care works is also related in a 51 minute video:

Kangaroo Mother Care – Restoring the Original Paradigm for Infant Care

The benefits of KMC for premature babies

Skin-to-skin contact benefits for babies:

- Better brain development
- Better emotional development.
- Less stress
- Less crying
- Less brain bleeds
- More settled sleep
- Babies are more alert when they are awake
- babies feel less pain from injections
- The heart rate stabilises
- Oxygen saturation is more stable
- Less apnea attacks
- Breathe better
- The temperature is most stable on the mother
- Breastfeeding starts more easily
- More breastmilk is produced
- Gestation specific milk is produced
- Faster weight gain
- Baby can usually go home earlier

Skin-to-skin contact benefits for parents:

- Parents become central to the caring team
- Better bonding and interact with their child better
- Emotional healing

- Less guilt
- Parents are calmer
- Mum and dad are empowered and more confident
- Parents are able to learn their baby's unique cues for hunger
- Parents and baby get more sleep
- Parents, (especially mothers) are less depressed
- Cope better in NICU
- See baby as less "abnormal"