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Vriddhi SCALING UP RMNCH+A INTERVENTIONS

Kangaroo Mother Care: Simple technique, complex practice

Government of India recommends all stable newborns with birth weight below 2000 gms should receive Kangaroo Mother Care (KMC).

It can be provided by mother, father or any other adult family member who is willing, healthy and maintains basic standards of hygiene such as hand washing, daily bath.

Babies can be breastfed in the KMC position.

The duration and frequency for providing KMC based on evidence on effectiveness, has also been recommended.

Newborn being weighed in the SNCU (CRW Hospital, Haridwar, Uttarakhand) @JSI, 2016

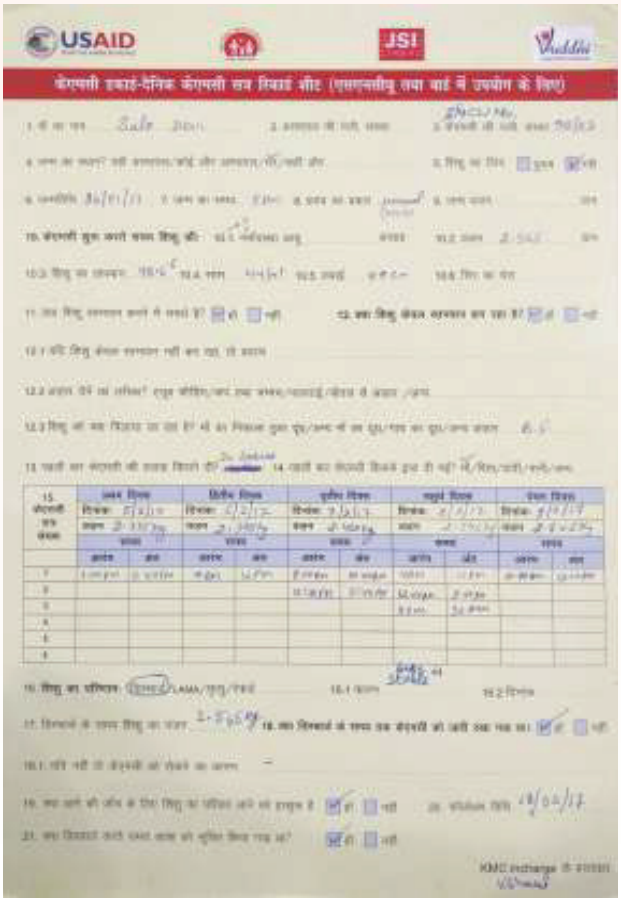
Sister Jyoti has just discharged a baby from the KMC unit. She is one of the 11 nurses at the SNCU in Chain Rai Women's (CRW) Hospital, Haridwar, Uttarakhand who has been trained on KMC. She is authorised to shift newborns from the SNCU to the KMC unit once screened for weight and signs of illness. This task shifting measure is vital for this hospital as it operates with just one paediatrician. The paediatrician, Dr. Meeta Srivastava duly acknowledges the need to delegate and increase ownership of the SNCU nurses who are both experienced and trained.

Since July 2016, John Snow India Private Limited (JSI) has been supporting CRW hospital, Haridwar and Sadar Hospital, Gumla, Jharkhand, both district level hospitals, to establish and operationalize KMC units. Both facilities have fully functional KMC units now. Once the pre-requisites of infrastructure and training are met, the success of KMC vests inwillingness- both of the KMC unit staff who are overworked and mothers who need to continue KMC post-discharge as they single-handedly manage child care, care of older children and household chores.

Sustaining staff willingness

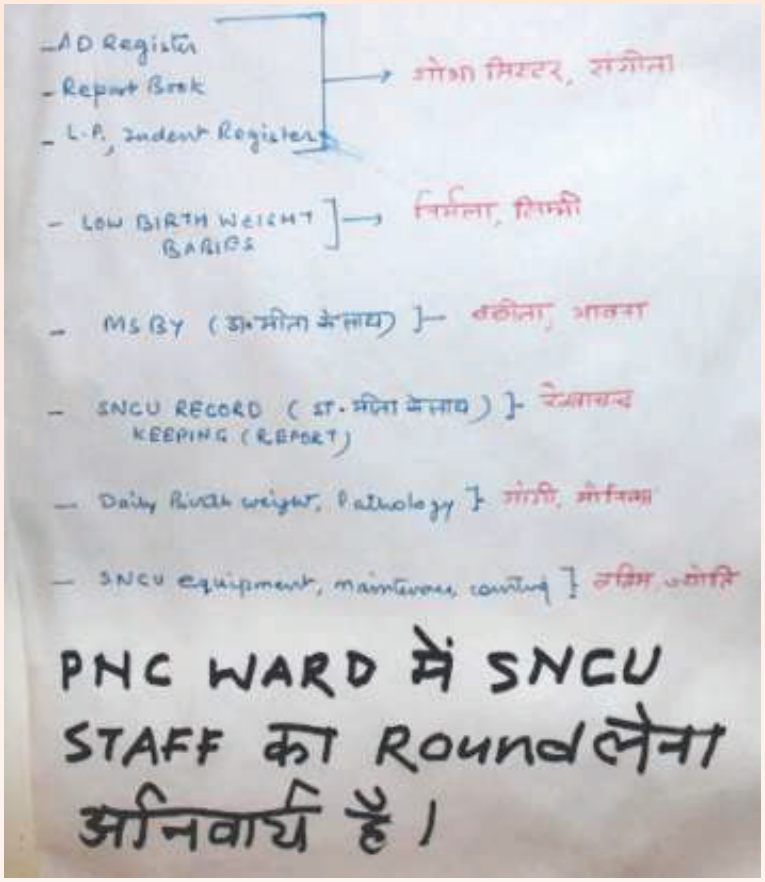
Both facilities have managed to initiate KMC units despite staff shortage. However, this does not undo the need to increase the numbers of skilled staff at these hospitals, especially if the current levels of motivation and willingness are to be sustained. Lack of hostel facilities reduces chances of outstation candidates applying for jobs in both facilities. Having limited staff implies that opportunities to attend trainings or other skill development/ career progression activities are restricted due to lack of replacements.

One major task that has been added to the SNCU staff responsibilities is KMC record keeping. The record keeping process is being streamlined but for now three sets of records need to be maintained.



1. KMC Form
2. KMC Register
3. KMC Follow up Register

KMC Form currently in use
(Sadar Hospital, Gumla, Jharkhand @JSI 2017)



"Important Notice" listing nurses/ counsellors responsible for maintaining different types of SNCU and KMC records. It emphasises compulsory daily postnatal ward visit by the SNCU nurses to screen babies weighing below 2000 gms

(Chain Rai Women's Hospital, Haridwar, Uttarakhand) @JSI, 2016

Increasing ownership of the KMC unit nurses and counsellors as done by task shifting efforts in CRW hospital, Haridwar is critical to keep them enthused about this new intervention while ascertaining that the paediatrician can attend to more pressing medical concerns.

Supportive environment for mothers/ caregivers

The initial experience in implementing KMC in both facilities indicates that most mothers once convinced about the effectiveness of KMC are willing to adopt the practice. The nurses and counsellors are upbeat about the take-up of this intervention and don't see convincing mothers to follow KMC a challenge.

"In the last six months I remember only one mother refusing to adopt KMC despite being counselled by the staff…it is generally not an issue and once initiated mothers like to do it".

Sister Jyoti (CRW Hospital, Haridwar)

In a unique case, nurses at Sadar hospital, Gumla, encouraged a mother who adopted a newborn weighing 1800 gms to provide KMC.

Bilenta in KMC position with her adopted baby

(Sadar Hospital, Gumla, Jharkhand) @JSI, 2017

Supportive environment for mothers/ caregivers

Both hospitals in Haridwar and Gumla respectively, have a large patient base outside the main cities, implying that mother and their attendants or entire family lives in these cities for the duration of hospital admission. Having beds in the KMC units ensures that mothers who have recently delivered a baby and discharged from the postnatal ward have a safe and hygienic place to stay and practice KMC.

However, the financial and opportunity cost of families staying in cities is huge and most babies leave the KMC unit much before they have achieved ideal weight. Mothers who need to continue KMC at home have to be closely monitored and need to make follow-up hospital visits for assessing baby's development. The latter has been a challenge.

"Convincing mothers to practice KMC is not difficult. We explain to them the benefits and explain that there are no added costs....but once they are discharged from KMC unit, follow-ups are difficult"

Kavita Sharma (Counsellor, CRW Hospital, Haridwar)

Mother being assisted by Counsellor Nurse to put newborn in KMC position (CRW Hospital, Haridwar, Uttarakhand) @JSI, 2016

JSI's approach to promoting KMC includes community support and follow-ups through increased awareness about KMC in the communities, training of field nurses and Accredited Social Health Activists (ASHAs) who are expected to undertake postnatal visits at home and supportive supervision of field staff, initially by JSI staff and gradually shifting this role to medical officers.