

Impact of Kangaroo Mother Care on survival of low birth weight Babies <2000gm at SNCU Nalgonda: Jan-2015 to Dec-2019, 5 Years study

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Introduction

Low Birth Weight is major contributor to NMR. Prematurity and its complication are the leading causes of death. Gestational age and birth weight are the strong determinants of neonatal survival. KMC is simple, cost effective, evidence based practice of providing continuous skin-to-skin contact, exclusive breastfeeding, early discharge and reduces mortality and sepsis.

Aims & Objectives

Primary objective of study is to look at implementation of kangaroo mother care and its impact on survival of babies <2000gm.

Material & Methods

Retrospective study, included all babies <2000gm from January-2015 to December 2019. 10 bedded KMC ward, 3staff nurses, central oxygen, pulse-oximeters and Resuscitation equipments. All the essential newborn care practices including KMC is part of the best practices at SNCU Nalgonda since 2014. KMC is effectively practiced by trained KMC Nurses. Average duration of KMC per day 8–10 hours. Data variables like admissions, KMC eligible babies coverage, Survival, Mortality and Morbidity collected from electronic data.

Results

1513 LBW Neonates admitted during study period, KMC Coverage of eligible babies: 2015 – 54.1% , 2019 - 82.2%

Median Birth Weight 1344gm (± 183),

Mean GA weeks 33.4 (± 1.54).

	January - December				Total	
	2015 (%)	2016 (%)	2017 (%)	2018 (%)		2019 (%)
Admission <2000gm	285	287	324	290	327	1613
KMC Coverage	154(54.1)	226(78.8)	No KMC Services	267(98.9)	269(82.2)	1123 (74.2%)
Survival	202(70.0)	224(78.1)	207(63.9)	211(72.8)	252(77.1)	1098 (72.4%)
LAMA	5(1.8)	5(1.7)	16(4.9)	9(3.1)	7(2.1)	42 (2.8%)
Referred	23(8.1)	25(8.7)	41(12.7)	33(11.4)	44(13.5)	166(11.0%)
Expired	55(19.3)	33(11.2)	60(18.5)	37(12.8)	24(7.3)	209(13.8%)

Conclusions

SNCU Nalgonda providing all the essential newborn care services including Kangaroo Mother Care. But KMC component is missing in 2017 because of change in hospital premises, resulted in significant increased mortality.

Survival of babies <2000gm improved significantly in this 5 years study:

Except in the year 2017, No KMC services – Survival 63.9%.

Implementing effective KMC with dedicated staff improved survival of <2000gm babies.

The study clearly shows effective implementation KMC have good impact on survival of babies <2000gm.

Biography

Dr.DAMERA YADAIH, MBBS is Working as a consultant paediatrician at District Hospital, Nalgonda since 25 years. Working in SNCU from 2008 as CIVIL SURGEON, HOD. Instrumental in establish 1st SNCU in INDIA, 1st level-II, unit to get accreditation by National Neonatology Form of India. Working to strengthening the FBNC in India to reduce NMR. Discharged 10000 babies till date, smallest baby discharged 650 gm, 28 wk GA, and 1st of its kind from district hospital. Presented Papers National, International, Conferences.