

1. Meaning of KMC

Early prolonged and continuous skin to skin contact between the mother and her low birth weight (LBW) infant, both in hospital and after discharge with exclusive and frequent breast feeding.

2. Start KMC for All LBW Babies in SNCU/Postnatal Ward as Early as Possible

Even if baby is on

- IV fluids.
- Oxygen by Nasal Prongs

3. Preparations for the Baby

- Dress the baby in a diaper, woolen cap and socks.
- Baby may be placed in a KMC bag.

4. Use AKKA Model

- An experienced mother to talk to and help other mothers provide KMC
- Doctor/ Nurse/counsellor to support mothers
- Family members to support mothers

5. Preparations for the KMC Provider

The mother is the best KMC provider.

Other close adult family members such as father, grandmother or aunt can also provide KMC to help the mother.

- The KMC provider must be willing, in good health, free from serious illness.
- S/he should be clean. This means washing hand, clipped fingernails, daily bath, tied up hair and clean clothes.
- S/he must remove bangles, rings, chains, watches and sacred threads as this might injure the baby.
- S/he must wear a culturally acceptable front open blouse / top / shirt.
- Encourage the mother/KMC provider to keep the baby in KMC for as long as possible during the day and night.

6. KMC Position

- Place the baby between the mother's breasts in skin to skin contact.
- Make sure the baby is in upright position to prevent aspiration. Even when the mother sleeps she should be inclined at an angle of at least 45°
- Secure the baby to the mother by a binder - long piece of cotton cloth / dupatta / KMC bag.
- The head should be turned to one side with slight extension – this keeps the airway open and allows eye to eye contact between mother/KMC provider and baby.
- The hips should be abducted in a frog position and arms should be flexed.
- The baby's abdomen should be at the level of the mother's abdomen.

10 Points for Successful KMC

7. Duration of KMC

- Every KMC session should last at least one hour or more (preferably) to avoid frequent handling of the baby.
- The duration of each KMC session should be slowly increased for 24 hours, as long as the mother / KMC provider can comfortably provide KMC.
- Breastfeeding can be continued in KMC position. Feeding should be about 2-3 hourly.

DURATION OF KMC

Short	4 hours daily
Extended	5-8 hours daily
Long	9-12 hours daily
Continuous	> 12 hours daily
<i>* 8-10 hours KMC compulsory before discharge</i>	

8. Key Steps for Successful Exclusive Breastfeeding

- Counsel and support the mother to feed baby
- Early and frequent expression of breast milk (10-12 times/day) using correct technique
- Breast massage & Complete emptying of the breast
- Correct technique of expression
- Mother to eat 3-4 nutritious meal and drink lots of fluids including milk

9. Monitoring a baby in KMC

- The mother and the nursing personnel should continue to monitor the baby.
- Nurse to monitor the activity, breathing, heart rate, colour, glucose, temperature every 2-4 hours till stable
- The mother to be trained to monitor her baby in KMC as given in the table below

	What to monitor?	What to look for?
A	Activity	<u>If normal</u> - sleeps between feeds <u>If abnormal</u> - not moving/ lethargic, convulsions
B	Breathing	<u>If normal</u> - respiratory rate (RR) 40-60/min <u>If abnormal</u> - RR less than 40 or more than 60/min; any indrawing of chest, noisy breathing -grunting, or nasal flaring
C	Color	<u>If normal</u> - pink lips and tongue <u>If abnormal</u> - blue lips or baby is yellow/jaundice
T	Temperature	<u>If normal</u> : Axillary temperature (36.5-37.5°C) or by Touch technique (warm hands and feet)

10. Continue KMC even at Home and Return for Follow up within a Week of Discharge

- Till baby no longer wants it OR
- Baby weight is 2.5 kilograms