**Eligibility criteria for KMC**

1. Birth weight less than 2000gm
2. Baby should be in stable condition

NB. No major illness such as sepsis,pneumonia, meningitis, respiratory distress and convulsion

Babies who have been started on antibiotics for suspected infection can start KMC as soon as they are stable.

(ECEB Training manual, Federal Ministry of Health 2015)

**Follow-up (Routines of KMC ward)**

1. **Monitor babies condition**

**1.1 Temperature**

* Every 6 hours, until baby is stable for 3 consecutive days
* Later, 2 times a day
  1. **Observe breathing, count respiratory rate**
  2. **Assess for danger signs**
     + - Fast breathing (more than 60 breaths per minute)
       - Slow breathing (less than 30 breaths per minute)
       - Severe chest indrawing
       - Grunting
       - Convulsion
       - Floppy or stiff
       - Fever >37.5
       - Temperature <35 or not raising after warming
       - Umbilicus draining pus or umbilical redness
       - Swelling extending to the skin
       - More than 10 skin pustules or bullaea. Hardness of the skin
       - Bleeding from the stamp or cut
       - Pallor

**1.4 Feeding**

* Check intake
* Mode of feeding
* Readiness to transition to cup/breast feeding

**1.5 Weight**

* Assess weight gain mg/kg/day (goal 15-20mg/kg/day)

**1.6 Output**

* Stool
* Urine

**2. Maternal conditions**

* Hygiene
* Breast problem

**KMC WARD FOLLOW UP SHEET**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_

Gestational age (at birth) \_\_\_\_\_\_\_\_\_\_ Age (At admission to KMC ward) \_\_\_\_\_\_\_\_\_

Birth weight\_\_\_\_\_\_\_\_ Weight (At admission to KMC ward)\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | **Date** | | | | |
| Temperature | | | AM |  |  |  |  |  |
|  | | | PM |  |  |  |  |  |
| RR | | | AM |  |  |  |  |  |
|  | | | PM |  |  |  |  |  |
| Danger sign present | | | NO |  |  |  |  |  |
|  | | | Yes |  |  |  |  |  |
| Fast breathing (more than 60 breaths per minute) | | | |  |  |  |  |  |
| Slow breathing (less than 30 breaths per minute) | | | |  |  |  |  |  |
| Severe chest indrawing | | | |  |  |  |  |  |
| Grunting | | | |  |  |  |  |  |
| Convulsion | | | |  |  |  |  |  |
| Floppy or stiff | | | |  |  |  |  |  |
| Fever >37.5 | | | |  |  |  |  |  |
| Temperature <35 or not raising after warming | | | |  |  |  |  |  |
| Umbilicus draining pus | | | |  |  |  |  |  |
| Skin pustules or bullaea | | | |  |  |  |  |  |
| Bleeding from the stamp or cut | | | |  |  |  |  |  |
| Pallor (Yes/No) | | | |  |  |  |  |  |
| Feeding | | | |  |  |  |  |  |
| Mode of feeding | | NG tube | |  |  |  |  |  |
|  | | Cup | |  |  |  |  |  |
|  | | BF | |  |  |  |  |  |
| Amount of breast milk | | ml/kg/day | |  |  |  |  |  |
| Vomiting | | If present, frequency | |  |  |  |  |  |
| Abdominal Distension | |  | |  |  |  |  |  |
| Stool | | | | Specify colour if bloody |  |  |  |  |
| Urine | Frequency or amount ml/kg | | |  |  |  |  |  |
| Weight |  | | |  |  |  |  |  |
| Gain in gm/kg/day |  | | |  |  |  |  |  |
| Assessment | | | |  |  |  |  |  |
| plan | | | |  |  |  |  |  |
| Name and signature | | | |  |  |  |  |  |

**Discharge criteria from health facility**

Baby has to be

1. On breast feeding
2. With stable temperature and breathing condition
3. Sustained weight gain of 20gm/kg/day for 3 consecutive days and
4. Conducive home environment for continuation of KMC at home

**KMC Practical Training/Mentors Observation checklist**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name 1. Trainee’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of ECEB |& ECSB training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicators** |  | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** |
| 1. **Washes hand** |  |  |  |  |  |  |
| 1. **Document Baby’s condition** | **Temperature** |  |  |  |  |  |
| **Respiratory rate** |  |  |  |  |  |
| **Danger sign** |  |  |  |  |  |
| **Weight** |  |  |  |  |  |
| 1. **Document Feeding** |  |  |  |  |  |  |
| **On Breast feeding** | **Assesses BF problem** |  |  |  |  |  |
|  | **Attachment** |  |  |  |  |  |
| **Positioning** |  |  |  |  |  |
| **If on expressed breast milk via NG tube/cup feeding** |  |  |  |  |  |  |
| **Assesses** | **Intake** |  |  |  |  |  |
|  | **Breast milk expression** |  |  |  |  |  |
| 1. **Reinforces kangaroo position** |  |  |  |  |  |  |
|  | **Puts skin to skin** |  |  |  |  |  |
|  | **Secures with wrap** |  |  |  |  |  |
| 1. **Counsels respectfully on identified problem** |  |  |  |  |  |  |
| 1. **Gives feedback** |  |  |  |  |  |  |

**Supervisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NB. Check (/) if it is done**

* **To be placed at data warehouse once completed**