Competency checklist for mothers discharged after receiving KMC

The aim of this checklist is to assess the mother’s knowledge and skills towards KMC and to award those who performed the activities successfully by placing ‘’ √ ‘’ in a box if the task/activity is performed successfully. ‘’ Х ‘’ if the task/activity is not performed successfully.

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| Questions  | √ | Х |
| 1. *What is KMC?*

KMC (Kangaroo mother care) is care of LBW/preterm neonates by providing skin-to-skin contact with the mother  |  |  |
| 2. *Procedure of KMC* *A: preparing diaper, cap, socks and* *KMC carrier (Netela)**B: Dressing the baby, diaper, cap* *and socks**C: Putting the baby b/n the mother* *breasts in a frog position (in*  *upright position) & head slightly to*  *one side**D: Putting the KMC carrier (Netela)* *starting from the ear & tie the* *Nettela (KMC carrier)*E: put on other clothes such as jacket gabi…for the mother  |  |  |
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| 3. *Can you tell me at least three advantages of KMC* *A: It initiates early breast feeding.**B: It increases bonding between the mother and baby.**C: It shortens hospital stay.**D: It is costless.**E: It prevents hypothermia.**F: It prevents hypoglycemia.**G: It facilitates weight gain.**H. It supports the neonate to breath well.* I. It prevents infections. |  |  |
| *4.What types of activity is the mother able to do when she is caring the baby on KMC?**A: Eating food* *B: Watering flowers**C: Making the bed**D: Keeping domestic animals*  |  |  |
| *5.When should KMC practice be stopped?**A: When the baby become uncomfortable on KMC.* |  |  |
| *6.* *What should the mother follow when the baby is on KMC?**A: Activity of the baby**B: Breathing**C: Color of skin**D:Temperature**Please write if any additional answer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |  |  |
| *7. When should KMC service be stopped?**A: When the baby becomes uncomfortable on KMC.**Please write if any additional answer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |  |  |

 KMC facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Filled out by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of the mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_