

Reintroducing kangaroo mother care

The challenge: saving lives with KMC

An estimated 14%¹ of Nigerian newborns are low birth weight (LBW). These babies account for the majority of newborn deaths. Reaching all preterm babies in Nigeria with kangaroo mother care (KMC) alone by 2015 would save an estimated 19,000 lives².

Although there is no specific KMC policy, KMC is one of the key interventions for special care of low birth weight/preterm babies in Nigeria. KMC is included in the national integrated maternal newborn and child health (IMNCH) strategy, as well as the infant and young child feeding guidelines, the national child health policy, and key strategies for community integrated management of childhood illnesses (IMCI). KMC reduces the dependence on incubators, which is important in a context where few incubators exist and where there are regular power outages.

1. Unicef. State of the World's Children 2010. New York: Unicef

2. Science in Action; Saving the lives of Africa's mothers, newborns & children 2009

Key messages: Kangaroo mother care is an important factor in saving the lives of low birth weight babies.

- 1 Reaching all preterm babies in Nigeria with KMC by 2015 could save an estimated 19,000 lives.
- 2 National targets relating to KMC training have not quite been reached.
- 3 The stage is set to roll out KMC across Nigeria and is expected to result in a considerable reduction in neonatal morbidity and mortality.

History of KMC in Nigeria

KMC was first introduced to Nigeria in the late 1990s through a resident paediatrician at the University of Lagos Teaching Hospital. A training workshop was held with doctors and nurses from 16 teaching hospitals across the country. In 2007, the ACCESS* programme supported the introduction of KMC in two general hospitals in Kano and Zamfara states.

As part of the process, ACCESS worked with the FMoH to adapt a KMC training manual, which could be used by health institutions across the country to train staff on KMC. Kangaroo mother care practice has continued at various levels but it has not been rolled out across the country systematically due to the lack of a plan to expand services beyond the existing KMC centres.

KMC is a feasible and low-cost approach for managing LBW babies, and has been shown to reduce mortality and serious morbidity in preterm babies.

* Access to clinical and community maternal, neonatal and women's health services

The response: policies and training

PRRINN-MNCH has supported the following activities to strengthen KMC:

Collaboration with the Federal Ministry of Health (FMoH) for the revision of the KMC training package.

The national KMC training packages were reviewed, revised and adapted for use in Nigeria at the extraordinary core technical meeting on newborns organised by the FMoH in Kaduna in September 2010. Key outputs of this meeting were revised versions of the national KMC training manual and supportive toolkits. The workshop also agreed to revise the national child health policy to include KMC as a key intervention for the management of LBW babies.

In-service training of health workers in KMC.

Training of KMC trainers in the PRRINN-MNCH target states began in 2009. By 2013 over 260 health workers from PHC facilities, general hospitals, tertiary institutions and training institutions had been trained in KMC.



THIS DOCUMENT IS ONE OF A SERIES OF KNOWLEDGE SUMMARIES THAT DRAW ON THE ACTIVITIES, RESULTS AND LESSONS LEARNED FROM THE PRRINN-MNCH PROGRAMME

Targeted CEmOC/BEmOC facilities with at least three health workers trained in KMC

	BASELINE	TARGET 2013	PROGRESS 2013
Facilities with three or more trained health workers	0	90	60
CEmOC facilities practising KMC	0	18	15
BEmOC facilities practising KMC	0	65	60

Data from Katsina – Jan to Sept 2013

	MALE	FEMALE	TOTAL
No of LBW babies admitted to KMC	88	70	158
<1000g	0	0	0
1000g - 1499g	3	4	7
1500g - 1999g	8	11	19
2000g - 2500g	77	55	132

All but 2 of these babies survived, were discharged and followed up.



Targets relating to the number of staff trained in KMC have not been reached. However, the target relating to the number of EMOc facilities practising KMC was almost achieved by September 2013.

Policy implications

The stage is now set for KMC to be rolled out across the country. This will have the effect of reducing neonatal morbidity and mortality, especially on low birth weight babies.



Partnership for Reviving Routine
Immunisation in Northern Nigeria;
Maternal Newborn and Child Health Initiative

The PRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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