

Kangaroo Mother Care During Follow-up Visits

Kangaroo mother care (KMC) is a cost effective intervention that reduces morbidity and mortality in preterm and low birth weight neonates [1,2]. KMC is practiced during hospital stay, and mothers are also encouraged to continue home-based KMC [3]. We share our experience of KMC for preterm infants during follow up visits.

Data were obtained for preterm infants who visited the high-risk follow up clinic (after hospital discharge) in the outpatient department (OPD) of our hospital between 1 December, 2022, and 15 January, 2023. A total of 31 infants [mean (SD) birth weight 1236 (197) g, gestation age 31.25 (2.69) wk] visited the follow up clinic at mean (SD) post menstrual age of 36.80 (2.37) wk. Axillary temperatures were recorded by digital thermometer as a part of vitals monitoring. Newborns with body temperature of 36.0–36.4°C and 32.0–35.9°C were considered as cold stress and moderate hypothermia, respectively. Eight neonates (25.8%) in cold stress and one neonate with moderate hypothermia (axillary temperature 35.9 °C) underwent KMC under the supervision of a staff nurse in a designated area of the outpatient department. The mean (SD) neonatal axillary temperature before initiation of KMC, at 30 min after KMC and 60 min after KMC were 36.16 (0.15) °C, 36.6 (0.1) °C and 36.64 (0.07) °C, respectively ($P=0.001$). All of the babies became eutermic 30 min after starting KMC, and were discharged from the outpatient clinic. In our cohort, mothers were providing KMC to their infants during NICU stay, so it helped them in continuing KMC with minimal support.

The increase in neonatal axillary temperature during KMC is well-known [4]; however, there are no reports on implementing KMC during outpatient visits. Preterm

neonates are vulnerable to cold stress after discharge and the risk increases during hospital visits, particularly during the winter season. Establishing a KMC corner in the outpatient department is a low cost intervention not only to prevent hypothermia but also to motivate the mother and family members to continue KMC at home. Like establishing a breast feeding corner in public areas, the KMC corner in the outpatient area may also spread the message of the importance of KMC among other families visiting the area. Preterm babies may remain in a better physiological state during KMC in the waiting area of a busy high risk follow-up clinic. KMC in the outpatient department; however, needs a earmarked area with privacy, and one nursing staff member is needed for KMC monitoring.

In conclusion, providing KMC is feasible during follow-up visits, and beneficial to preterm neonates for better temperature stability. Further large scale studies are needed to explore the benefits of this practice.

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