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Andrea Carolina Aldana Acosta Phd Candidate

Laval University, Quebec, Ca.

Address for correspondence:

2325, rue des Bibliothèques, Bureau 1016, Université Laval, Québec (Québec) G1V 0A6

E-Mail: andrea.aldana.1@ulaval.ca

Present Position:

Research Assistant, Laval University, School of Psychology.

Child development, External Supervisor, Research In attachment and early development.

Javeriana University, Bogota.Col,

Education:

B.A Psychology / Child development Javeriana University, Bogota, Colombia.

M.A Clinical Intervention / one year. Javeriana University, Bogota, Colombia.

Certificate Touch Research Institute, University of Miami school of medicine.

Phd Candidate, in psychology, 3th year. Development in the premature baby.

Specialization:

Development physiological and psychological in the premature babies during the period of hospitalization in the NCU.

Awards:

Emerging Leaders in the Americas Program (ELAP), Government of Canada.

A cademic A chievements:

Research Project Implantation of the Kangaroo Mother Care Method for rural and urbane families in term babies in Valle de San Jose, Colombia.

Project under progress:

Research project in 3 teaching hospitals in Bogota, Colombia. Study the impact of 2 techniques of intervention in the NCU. With the collaboration of Kangaroo foundation Bogota, Col and Laval University Quebec, Ca.

Work Experience:

Psychologist, Kangaroo Mother Care program Teaching Hospital San Ignacio, Bogota. Colombia. January 2010.

Psychologist, Internship Ho Chi Minh city, Vietnam. Tou Du Hospital. Kangaroo Mother Care Program. Research in Child development, Laval University, School of Psychology. Quebec, Canada.

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The question about the procedures that can contribute to the process of the humanization in the neonatal intensive care in the premature newborn it's being answered from the practice of the KMC. Actually more than 30 countries around the world are practising this method for the last 25 years, showing scientific evidence that proof a better efficiency in the development physique, psychological and neurophysiological, comparing with the traditional care in the NCU unites. Now one of the question it's how this method can have a better performance in the NCU, using complementary techniques like tactile /kinaesthetic stimulation during the hospitalization period and a continuous practice of this procedure once the baby is discharge form the hospital. How this procedure can be validate? How it's possible justify this type of interventions? Which incomes can be useful and complementary to the practice of the kangaroo method?

One of the question that it's being important form the beginning in the KMC it's the hur the medical procedures in the NCU now that it's evidently happening reason why could create new paths for the better performance of this method using complementary	be interesting
Tactile/Kinesthetic stimulation.	
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