OP72 (a)

ABSTRACT ON CHALLENGES IN IMPLEMENTING KMC IN PRIVATE/CORPORATE SECTOR

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Background

Accessing health care is the single most important factor for families to move below poverty line in India. Against this background, it is essential to look for interventions that lower the cost of medical care. Kangaroo Mother Care is one such intervention for care of Low Birth Weight babies. Though it has been in existence since 1979 it has not got its due recognition. India produces highest number of LBW babies and majority of the health care is in private sector and hence KMC is very relevant. Private sector as part of its CSR needs to forego a part of its profit for the betterment of the health care and society as a whole.

Implementation of new health care interventions like KMC in private organizations can be challenging and demands support from the management, intensive training of health workers, cooperation of the parents and awareness in community.

KMC at Fernandez Hospital and challenges.

When started, How it is done, Support, Follow up, Publications, Spreading awareness

KMC was introduced in Fernandez hospital, Hyderabad in the year 2004 and till date over 1500 babies have been put through KMC. Mothers of all stable VLBW babies are given leaflets on KMC and are encouraged to do Kangaroo care in the NICU initially and then shifted to Continuous KMC ward. The KMC ward is managed by an experienced Lactation Consultant and dayas trained in all the components of KMC. These babies are followed up in a special Clinic as per the hospital protocol. Fernandez study on Continuous KMC showed that the average duration of intensive care could be brought down by 12 days there by reducing the financial burden to the parents to that effect. Since it is a low cost and effective intervention which is essential for a country like India, we are propagating KMC by involving APNNF, Socialites, Print and Audio-Visual media.

Challenges

Parents: Since KMC is a shared facility and parents belong to different religious and socio-economic backgrounds there was apprehension about its acceptance but it could be overcome by making KMC an extension of intensive care.

Personnel: Since there is no structured training available, the personnel involved in the KMC are given series of lectures, including audio visuals and then made to shadow the staff till they get sufficient confidence

Management: To average cost to create a medical bed in a city like Hyderabad would approximately

be Rs 55 lacs (hundred thousand dollars) and hence it requires lot of commitment on the part of management to set aside this prime space for KMC which is financially not viable. We are fortunate that the management is a strong proponent of effective low cost interventions which reduce the financial burden to the parents and improves the morale of the hospital.

Discharge: While we do have a scoring system it sometimes varies with the bed availability, confidence of the mother, home conditions, social factors and accessibility to health care.

Post discharge support: This continues to be a challenge despite best efforts to increase awareness in the community

Follow up: Babies are followed up as per the hospital protocol

Conclusion:

KMC is effective and doable even in urban private setting. There is need for establishing Forums/regional centres which can structure the training, sensitise and increase KMC awareness in the community

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M.D (1991) from Kasturba Medical College. Manipal

Joined Fernandez Hospital in 1994

Visited South Africa in 2004 to study the implementation of Kangaroo Mother Care and Introduced KMC in Fernandez in the same Year.

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