

WHO's Effort to Promote Kangaroo Mother Care

IX International Conference on Kangaroo Mother Care Ahmedabad, India, 22 – 25 November

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Outline

- Rationale
- History
- Guidelines and Tools
- Support to implementation
- WHO's Core Functions
- Plans



Global health perspective –

Preterm birth is now a leading cause of child death

Every year, 7.6 million children die before their 5th birthday, with increasing progress since 2000 related to Millennium Development Goals

Over 40% of these deaths now occur in the first month of life, the neonatal period.



Preterm birth is the second leading cause of death for children under 5 years, after pneumonia

1.1 million babies die directly from complications of preterm birth

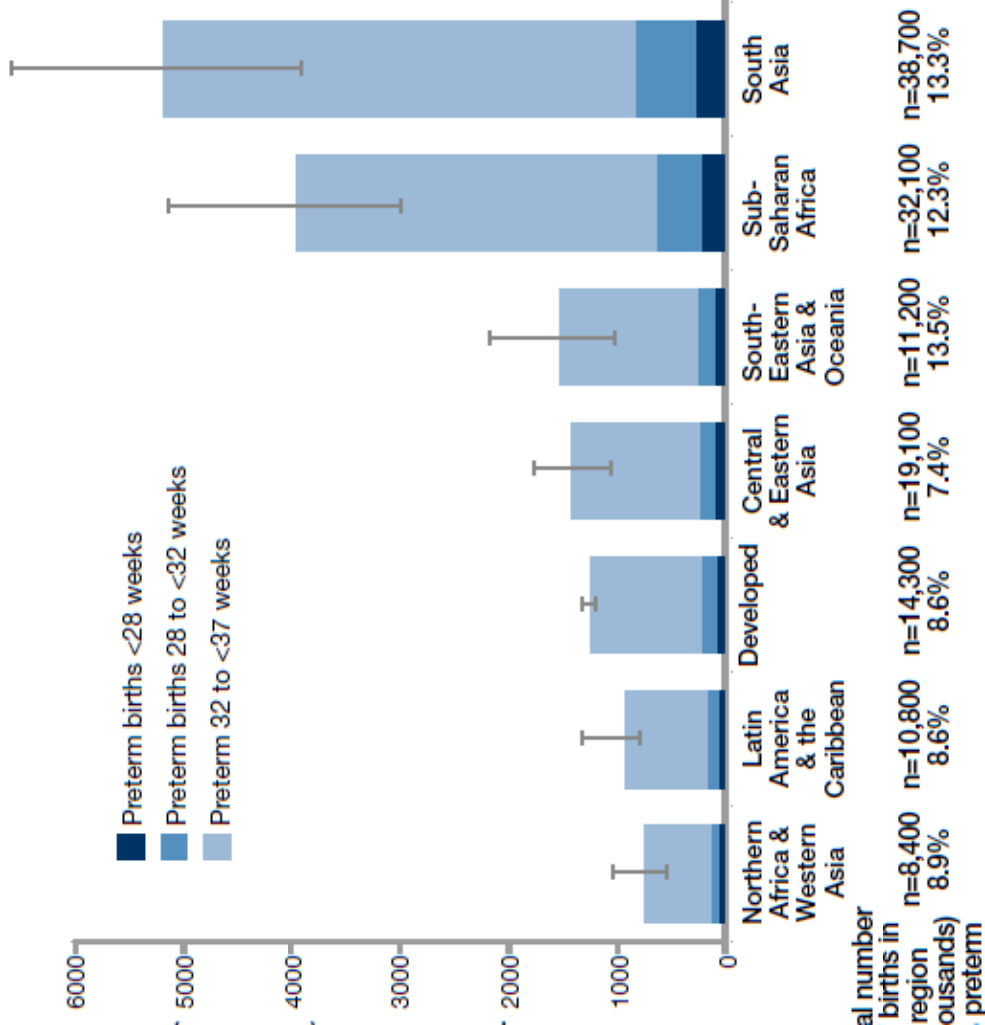
Source: CHERG/WHO estimates for 2010, Li Liu et al Lancet in press, 2012

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**World Health
Organization**

Preterm Birth by Gestational Age and Region for 2010



- 15 million preterm births every year and rising:
 - 12.6 million 32 to < 37 WGA
 - 1.6 million 28 to < 32 WGA
 - 0.78 million < 28 WGA

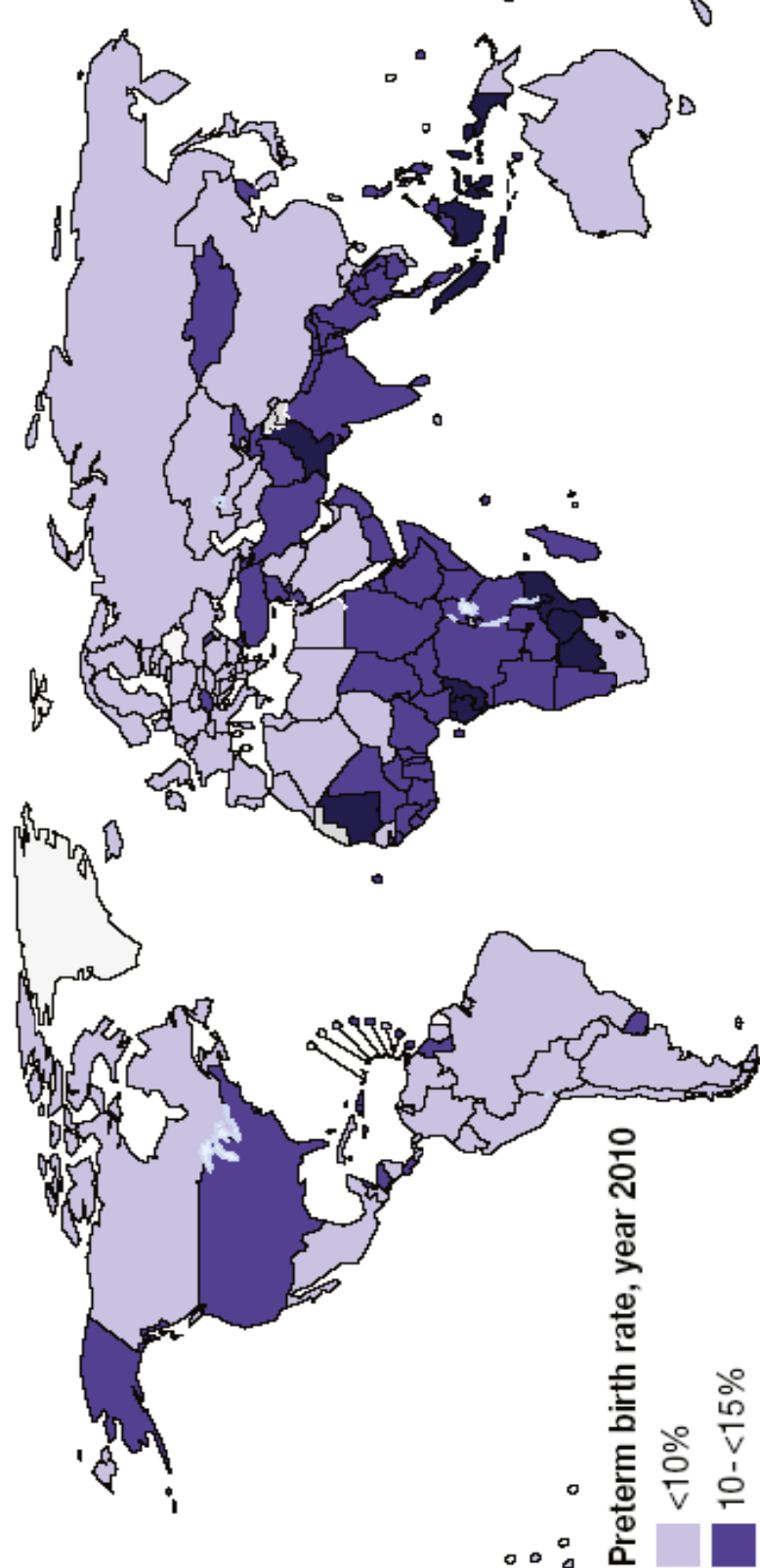
- >60% of preterm births occur in sub-Saharan Africa and South Asia

on Millennium Development Goal regions. Source: Ellencowe et al National, regional and worldwide estimates of preterm birth rates in the year 2010
 trends since 1990 for selected countries: a systematic analysis and implications



World Health Organization

Preterm births – where are the highest rates?



11 countries with preterm birth rates over 15%

1. Malawi
2. Congo
3. Comoros
4. Zimbabwe
5. Equatorial Guinea
6. Mozambique
7. Gabon
8. Pakistan
9. Indonesia
10. Mauritania
11. Botswana

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever

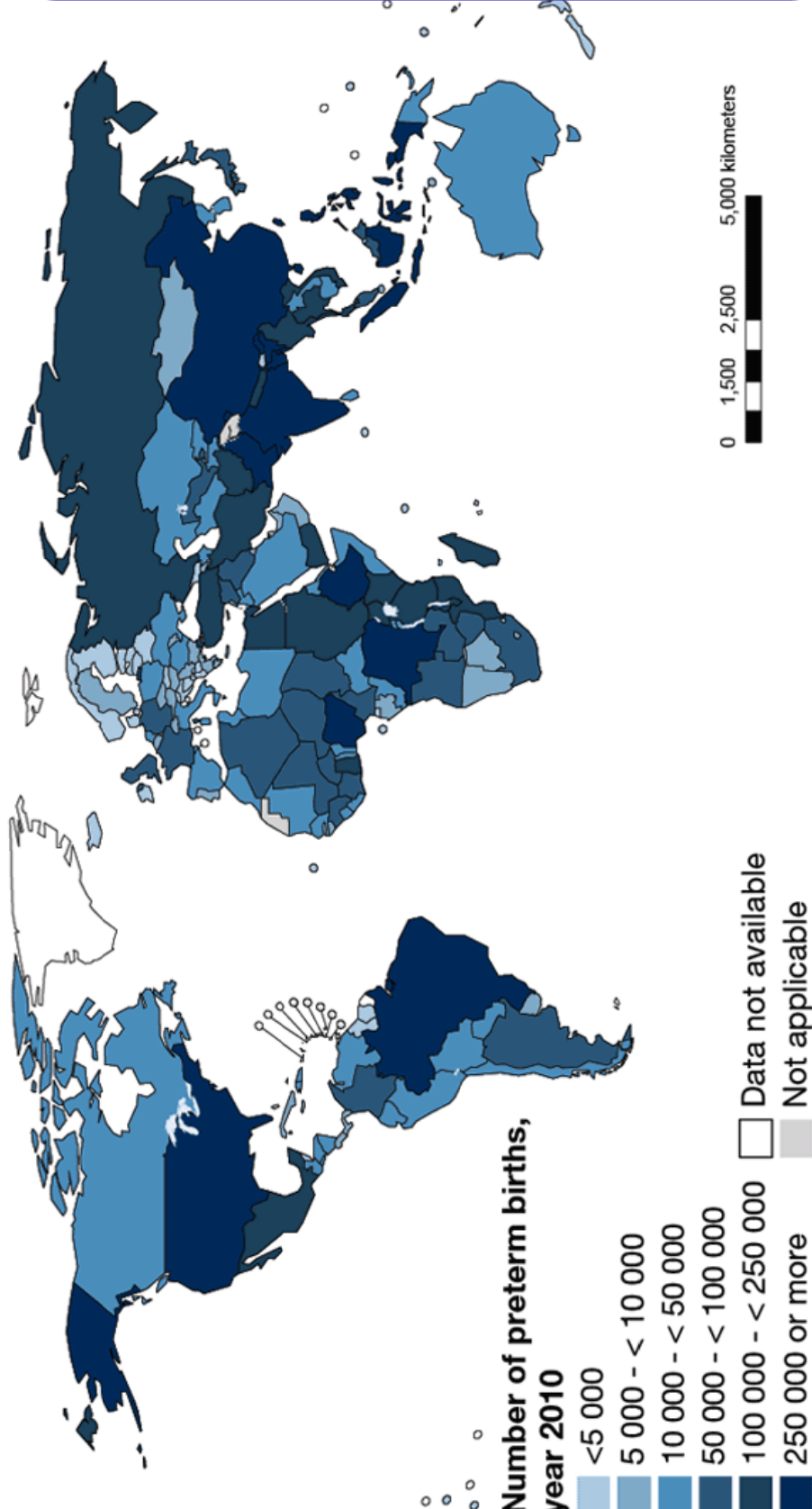
Data Source: World Health Organization



Estimates for 184 countries for 2010

Of the 11 countries with the highest rates, 9 are in Africa

Preterm births – where are the biggest numbers?



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Public Health Information and Geographic Information Systems (GIS)
World Health Organization

10 countries account for 66% of the world's preterm births

1. India
2. China
3. Nigeria
4. Pakistan
5. Indonesia
- 6. United States of America**
7. Bangladesh
8. Philippines
9. Dem Rep Congo
10. Brazil



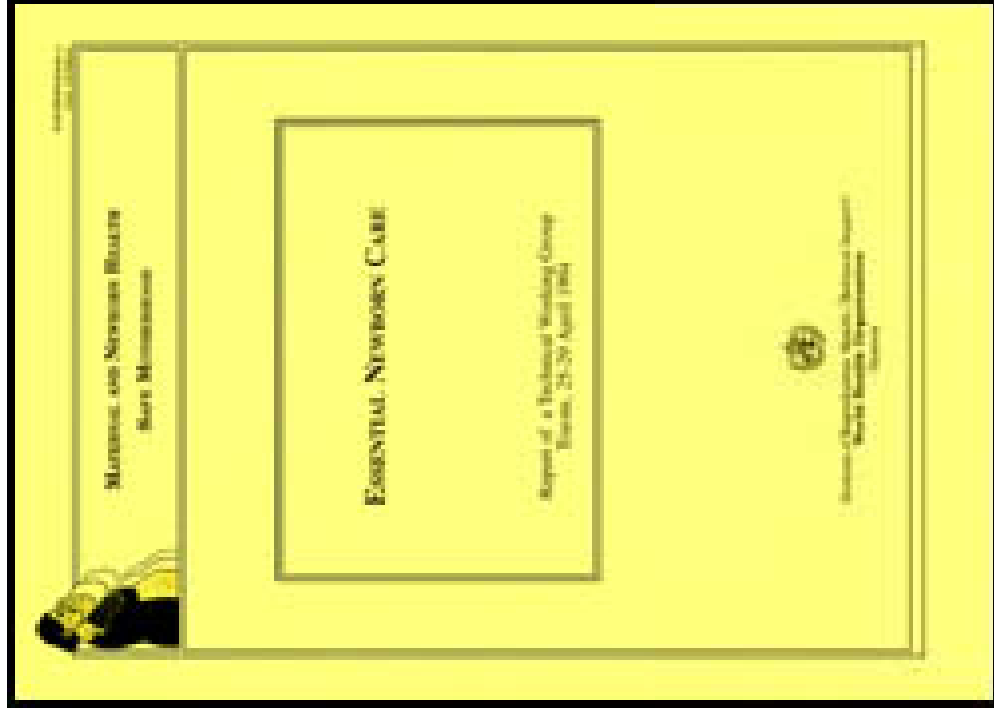
World Health Organization

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Truly a global problem, affecting all countries

90% are in South Asia and sub-Saharan Africa but with less car

Essential Newborn Care

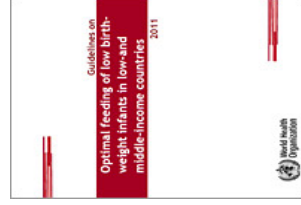
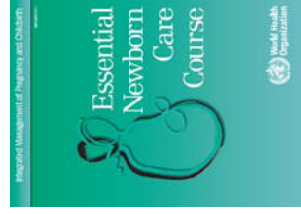
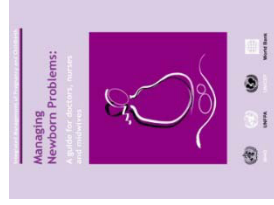


1. Cleanliness
2. Thermal protection
3. Early and exclusive breastfeeding
4. Initiation of breathing, resuscitation
5. Eye care
6. Immunization
7. Management of newborn illness
8. Care of the preterm and/or low birth weight newborn



World Health
Organization

Documents covering KMC



- Practical Guides
- Comprehensive Clinical guidelines
- Training Materials
- Reference materials

[http://www.who.int/maternal child adolescent/en/](http://www.who.int/maternal_child_adolescent/en/)



Formal Recommendation on KMC

Low birth weight (LBW) neonates weighing < 2000 g who are clinically stable should be provided Kangaroo Mother Care (KMC) early in the first week of life.

Strong recommendation, moderate quality (evidence)

Panel noted that although there is no evidence for KMC in babies < 2000 g, KMC may be beneficial in neonates who have temperature instability. **However, implementation will require a prescription on how to provide KMC.**

KMC GRADE Table

Harar Mother Care more effective than conventional care in reducing mortality and/or morbidity?

Term or low birth weight neonates

KMC versus conventional care.

Harar, Ethiopia

Wondimu et al., [2010]

EVIDENCE	LIMITATIONS IN METHODS										NO EVENTS/ TOTAL		RELATIVE RISK (95% CI)
	DESIGN	ALLOCATION CONCEALMENT	BLINDING	LOSS TO FOLLOW-UP	OTHER	PRECISION	CONSISTENCY	GENERALIZABILITY	OVERALL QUALITY	KMC	CONTROL		
(B)	RCT (0)	Adequate (0)	Not possible (0)	No (0)	No (0)	No imprecision (0)	No inconsistency (0)	(-0.5) ^a	HIGH	17/517	33/ 471	0.49 (0.29 to 0.82)	
(7)	Observational (-1)	High risk of selection bias (-0.5)	Objective outcome (0)	OK (0)	Inadequate adjustment for confounding (-0.5)	No imprecision (0)	(0) ^b	As above (-0.5)	LOW	281/4585	329/3672	0.68 (0.58 to 0.79)	
(0)	RCT (0)	Adequate (0)	Risk of measurement bias (-0.5)	No (0)	No (0)	No imprecision (0)	(-0.5) ^c	As above (-0.5)	MODERATE	54/782	131/738	0.34 (0.17 to 0.65)	

Some countries, but comparison group is good incubator care apart from Ethiopian study

of effect but some heterogeneity

probably due to differences in outcome definition

Benefits and Risks

fits

There is high quality evidence that KMC leads to a significant reduction in neonatal mortality, and moderate quality evidence that it reduces serious morbidity, when compared to conventional care for babies < 2000 grams in low- to middle-income countries. Other benefits were seen with breastfeeding and bonding.

Benefits and Risks

ossible risks include apnoea and bradycardia in some s. It should be noted that KMC should be started the LBW infants are clinically stable.

Acceptability and Feasibility

...e benefits would be highly valued by families, health providers and programme managers/policy makers. Additional costs for training health workers and counseling mothers and families in KMC would be offset by the cost for conventional care (i.e. use of subabators).

KMC Research Gaps

Implementation and scaling-up issues

going KMC at home post-discharge, feasibility, how
g to continue

effectiveness, feasibility of early community initiation of
C

Essential Newborn Care Course

Integrated Management of Pregnancy and Childbirth

MMQ/MPB.30.3

Essential Newborn Care Course



- New layout
- Available in English and French



The Essential Newborn Care Course

A five days course on essential and emergency newborn care

at a health facility dealing with mothers and newborns

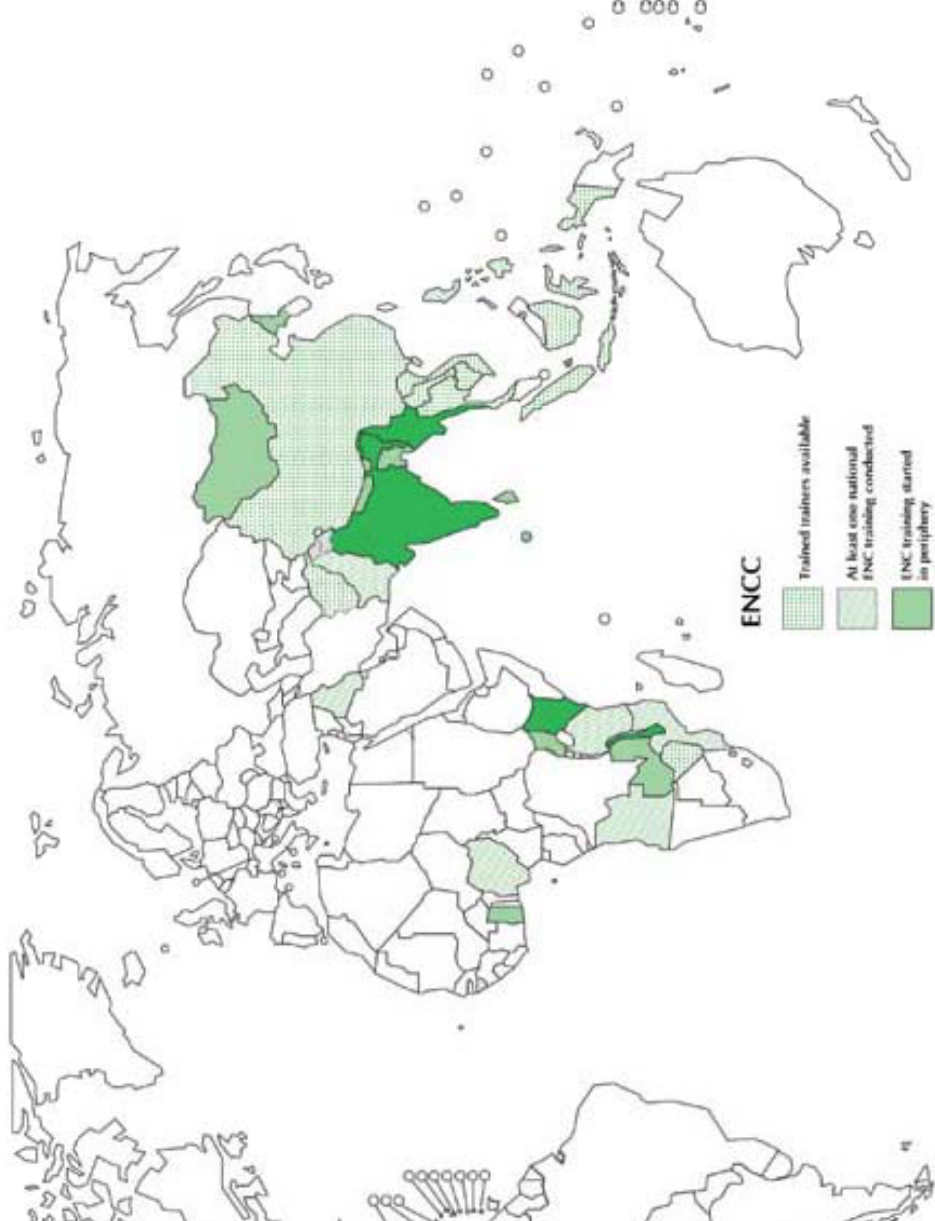
for doctors, midwives and nurses



Five Modules

Module M1	Care of the baby at the time of birth
Module M2	Examination of the newborn baby
Module M3	Care of the newborn baby until discharge
Module M4	Special situations
Module M5	Optional sessions

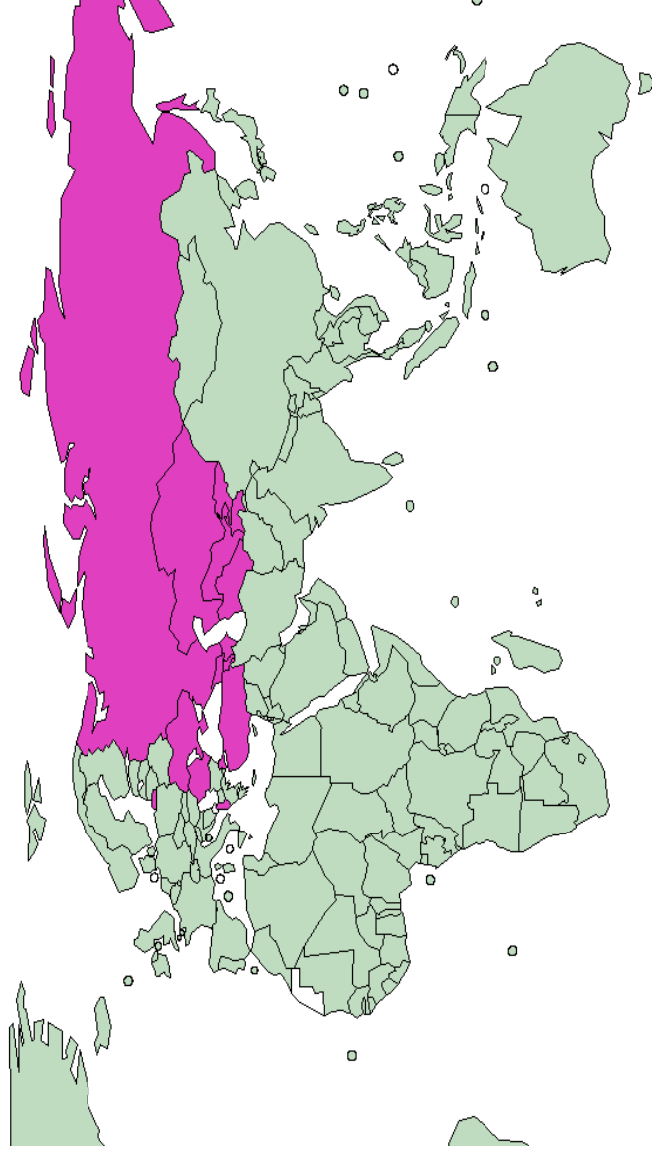
ENCC: State of Implementation



- By 2010 ENCC training has been introduced in 40 countries
 - AFRO
 - EMRO
 - SEARO
 - WPRO
- EPC
 - EURO

Effective Perinatal Care Package (EPCP) Total 15 countries

Effective Perinatal Care (EPC)



Effective Perinatal Care
(Common modules)

WHO's Core Functions:

Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;

Setting the research agenda and stimulating the generation, dissemination and dissemination of valuable knowledge;

Setting norms and standards and promoting and monitoring their implementation;

Developing ethical and evidence-based policy options;

Providing technical support, catalysing change, and building sustainable institutional capacity; and

Monitoring the health situation and assessing health trends.

Plans for 2012 and 2013

main engaged in the Born Too Soon Partnership

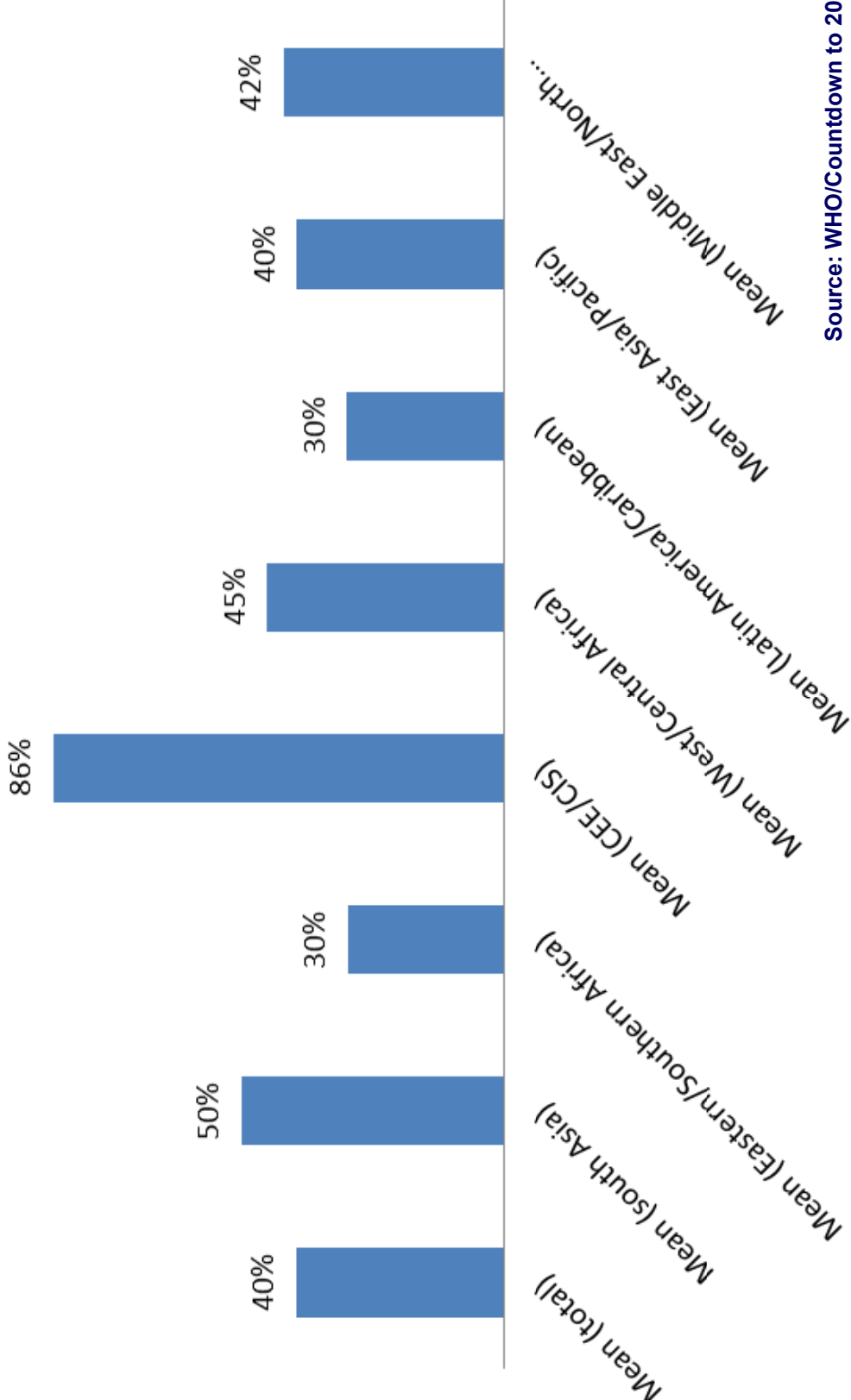
velop more detailed guidelines on KMC

velop models of care for managing preterm labour
d preterm babies in resource-limited settings

date and improve comprehensive guidelines,
ctice guides and training materials

document implementation of KMC in a comparable way
oss countries

Availability of EmOC services in 2012



Conclusions

WHO has been a supporter to KMC implementation
from the mid 1990s

WHO's guidelines and tools need revision and
expansion

The ambitious agenda needs a strong alliance, globally
and at country level

Thank you

