

REDUCED DURATION OF RESPIRATORY SUPPORT (CPAP) IN PRETERM BABIES RECEIVING KANGAROO CARE WITHIN AN HOUR OF BIRTH – RANDOMIZED TRIAL

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Background and Aims: Kangaroo Mother Care (KMC) is conventionally initiated in a baby who is otherwise stable but may still be on intravenous fluids, tube feeding and/ or oxygen. We hypothesized that initiating KMC earlier will reduce the requirement for oxygen and the duration of respiratory support if Continuous Positive Airway Pressure (CPAP) was started along with Kangaroo care immediately after delivery in premature babies with respiratory distress.

Methods: Prospective randomized controlled trial in a total of 25 preterm neonates with respiratory distress syndrome who were assigned to CPAP (Fischer Paykel Bubble CPAP generator with short bi-nasal prongs) with or without KMC within 1 hour of starting CPAP. Primary outcome was requirement of oxygen and mechanical ventilation. Secondary outcome was early initiation of feed, apnoeic episodes and number of days for achieving maximum feed.

Results: 13 babies were randomised into intervention group and 12 in control group. The mean weight was 1.51kg (SD=0.47) and gestational age range of 26-32 weeks. Babies took 34.08 hrs to wean off in CPAP with KMC as compared to 38.67 hrs in those who received only CPAP. On weaning from CPAP there was no oxygen requirement and no apnoeic episodes in both groups. Average days to reach maximum feeding were two days with no differences between groups. Intolerance of feed was a problem in the non-intervention group.

Conclusion: KMC is feasible in babies on CPAP irrespective of weight and prematurity. It reduced the number of hours on CPAP and reduced intolerance of feeds.

