



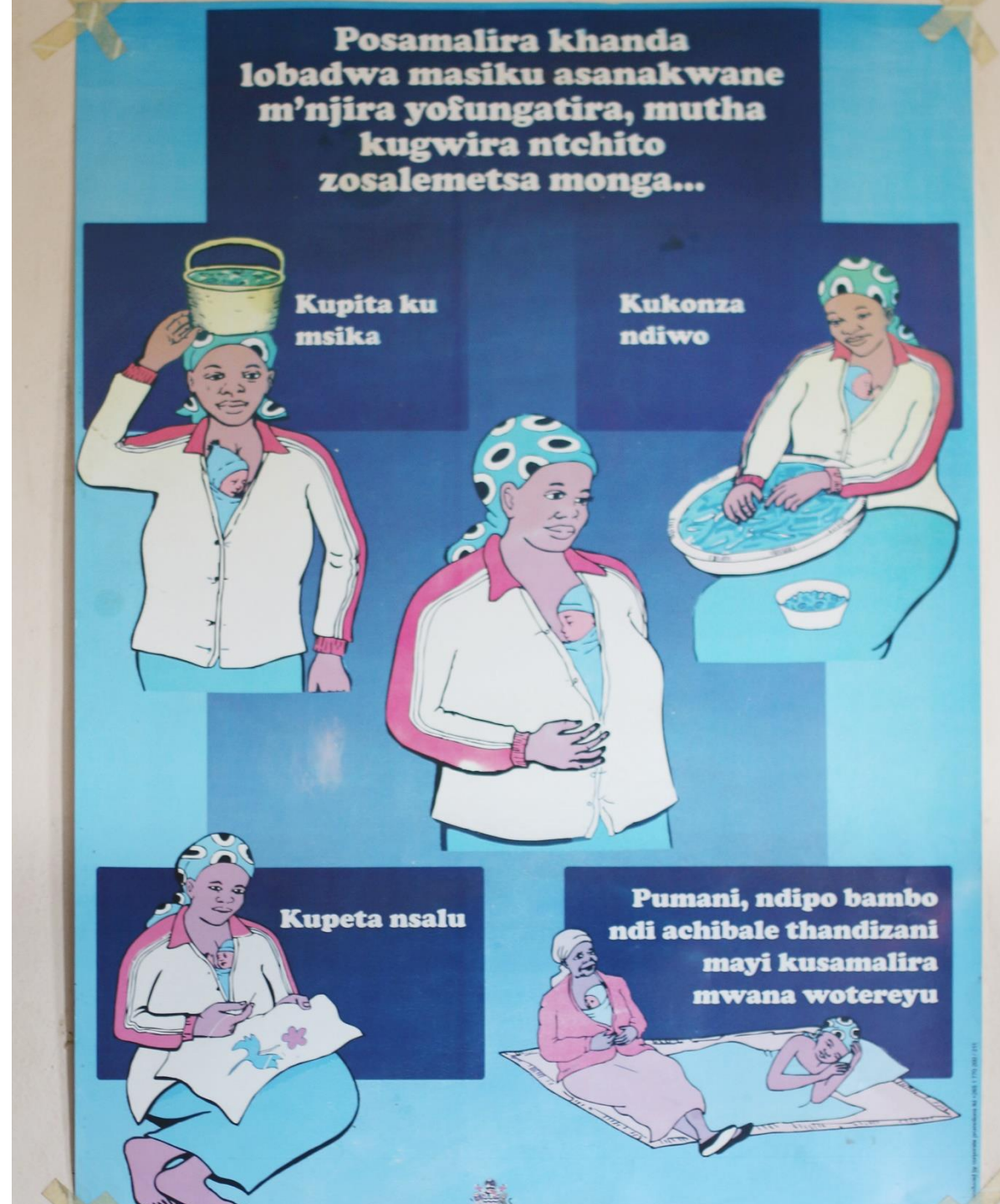
UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

WOMEN'S EXPERIENCES OF PROVIDING KANGAROO MOTHER CARE AT HOME AFTER DISCHARGE FROM BWAILA HOSPITAL

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Introduction

- In Malawi 550,000 babies are born each year and LBW babies account for 20% (Blencowe & Molyneux, 2005).
- About 20,000 mothers lose their babies due to low birth weight each year (www.livingproofproject.org).
- NMR is 31 per 1000 live births from MDHS, 2010.

KMC introduction Malawi

In Malawi KMC was first introduced at Bwaila hospital in the early 1999 and currently most health care facilities are providing Kangaroo Mother Care.



Problem statement

- However, little is known about women's experiences of continued unsupervised practice of KMC after discharge from hospital.
- A study done at QECH (Blencowe & Molyneux, 2005) showed that
 - 70% of women had intermittent follow up care visits at the KMC clinic
 - Some neonates felt very cold and had poor growth rate on follow up visits.
 - 12.4% post discharge deaths of LBW neonates were reported.

Objective of the study

Explore women's experiences of providing KMC at home after discharge from Bwaila KMC Unit covering the following:

➤ **Preparation + Practice + Challenges**



Research design

- **A qualitative research design** was used to gather data as it explores the social world from the perspective of the people being studied.
- **Descriptive approach was used** as it seeks to describe and understand the women's experiences as they appeared through consciousness.
- Semi-structured **face to face interviews** of approximately 60 minutes were conducted and audio-recorded. Thematic content analysis was used.

Study Population

Inclusion:

- All women who were providing KMC at home and coming for the third or fourth follow up visit at Bwaila.
- Willing to participate

Exclusion:

- All women who had just been discharged home on KMC.
- Not willing to participate

- **30 women** were purposively sampled from slums and the rural areas.
- The study was conducted **in the homes of women.**

Results

A. Preparation of KMC at home

- Clothing
- Inclined bed

B. Providing KMC at home

- Feeding the baby
- Keeping the baby warm

C. Challenges with KMC at home

- Anxiety
- Discomfort
- Stigma

A. Preparation of KMC - Clothing

- Most participants were unable to obtain enough clothing for their babies and themselves.

- One participant, 16 years of age, said:

“I just prepared small squared napkins from my old clothes and I am using this old blouse for myself” (Participant # 16)

A. Preparation of KMC - Inclined bed

- Most participants did not have a bed and they improvised an inclined back support by leaning on a sack bag filled with clothes or sand.

- One participant, 18 years of age said:

“I have put so many rugged clothes in a sack bag and put it on a mat against a wall in order for me to sleep in an inclined position as I keep my baby in SSC during the night.”(Participant # 22)

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B. Providing KMC - Feeding the baby

- Most participants practised mixed feeding.

- One participant, 19 years of age, said:

“I was told by mother in law to give the baby a tea spoon of warm water once a day for the intestines to unfold, then I breast feed and sometimes I give my baby some water” (Participant # 27).

- Another participant, 16 years of age, said;

“I breast feed my baby day and night. When I feel that my baby has not taken enough I express the breast milk and cup feed my baby” (Participant # 28).

B. Providing KMC - Keeping the baby warm

- Most participants practised intermittent KMC by only putting their babies in KMC position during the night due to house hold chores.
- Few participants with very good family support could keep their babies in KMC position continuously.
- Some participants aimed to maintain warmth for their babies by covering and wrapping them in many clothes.
- Some participants used local alternative ways of providing warmth for their babies.

B. Providing KMC - Keeping the baby warm

Alternative ways of providing warmth

- Lighting charcoal stoves inside the house
- Collecting maize husks into a sack bag to emit heat and place it beside the baby.
- Digging a small squared flat hole and preparing a nest like bed with ground nuts covers. The baby is wrapped with clothes and put inside the hole.

B. Providing KMC - Keeping the baby warm

Alternative ways of providing warmth

- One participant, 16 years of age, said:

“My mother told me that I was a premature myself and she dug a squared flat hole and put ground nuts covers to make some thing like mice nest since it produces heat...so that is exactly what I am doing now for my baby. (Participant # 17)

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C. Challenges with KMC at home

- **Anxiety: baby condition and tying method**

One participant, 19 years of age, a housewife with her first new born said;
“I feel anxious because my baby is not active” (Participant # 24).

- **Discomfort: knot on the back and leaning on the sand bag**

One participant, 22 years of age and a housewife said;

“I do not have a bed... so it feels hard to lean on the bag of sand through out the night” (Participants # 22)

C. Challenges with KMC at home

■ Stigma:

- Most participants reported of negative comments on the appearance of their LBW baby.

- One participant, 22 years of age house wife said;

One day as I was in the bathroom I overheard my mother talking ill of my baby with another woman who has a house behind mine that I have given birth to a tiny baby which would not survive, muu! I was not happy with her. (Participants # 7)

C. Challenges with KMC at home

■ Stigma:

- Few participants expressed that they isolate themselves from social functions due to insults they got from people.
- Some participants complained that when they carried the babies on their chests, people in the communities nicknamed their babies.
- One participant, 28 years of age and housewife said;

“People nicknamed my baby as „Kagaru“ meaning a small dog, that pains me a lot, that was when I was walking in the village with my baby while in KMC position.”

Recommendations

- Midwives should develop guidelines on home based KMC practices.
- Develop and use discharge checklist for teaching members of the family on KMC.
- Mobilize communities to form support groups to bring awareness.
- Regularly conduct home visits for the sustainability of home based care.
- Develop innovative ways of helping the mother to continue KMC at home comfortably.

Conclusion

- The study revealed many unhealthy and harmful practices done in the homes among urban slums and few rural areas of Lilongwe.
- These are from the deep rooted traditions of care practices towards LBW babies and poverty in the homes.
- The study draws light on the urgent need for community education and home visiting.
- Neonatal deaths would not be reduced in developing countries of sub-Saharan African unless harmful beliefs are uprooted.
- Therefore, community interventions on newborn care should be prioritised across countries in the developing world to reduce mortality.

References

- Blencowe, H., & Molyneux, E. (2005). Setting Kangaroo Mother Care at Queen Elizabeth Central Hospital, Blantyre-A practical Approach. *Malawi Medical Journal*, 17 (2), 9-42
- Lawn et al. (2010). Kangaroo Mother Care to Prevent Neonatal Deaths due to Preterm Complications. *International Journal of Epidemiology*, 39 (1), 78-82.