V INTERNATIONAL WORKSHOP ON KANGAROO MOTHER CARE

November 1O to 12, 2004
Rio de Janeiro - Brasil
Health Ministery
BNDES

Reporte realizado por la Fundacion Canguro de Bogota, Colombia

Queremos agradecer el Banco de la Republica, el Ministerio de Salud de Brazil y los Laboratorios Abbott de Colombia por apoyar nuestra participacion en el V Encuentro Internacional sobre el Metodo Madre Canguro.

10/11/2004

INTRODUCCIÓN

Se inicia el día con un poco de tensión en el aire ya que varios colegas, al menos de 12 países, no pudieron venir por no recibir las invitaciones formales a tiempo, unos las recibieron 3 días antes del inicio del evento! Hubo una falta de organización que no entendimos bien.
Creemos que vale la pena resumir los 2 días anteriores al primer seminario Brasileño de Humanización de los cuidados de los recién nacidos. Para los participantes del Workshop internacional que solamente vinieron para el encuentro internacional y para los que no pudieron venir en unas breves líneas:

1) Las presentaciones fueron muy interesantes pero muy enfocadas sobre la humanización de la Neonatología y la implementación de la TMC en las Unidades de Cuidados Intensivos, como apoyar la entrada de los padres, la participación del papa……, elementos que para nosotros corresponden a la primera fase de la técnica madre canguro: la técnica madre canguro intrahospitalaria

2) Se realizó una sesión de varias presentaciones acerca de la investigación en TMC y Colombia tuvo el honor de iniciar esta sesión que fue seguida por una mesa redonda. Fue un momento agradable para recordar que se hicieron investigaciones rigurosas acerca de la TMC con todos sus componentes hace más de 15 años en Bogotá y lo más importante, es que se sigue haciendo con rigor y calidad. Que todos los componentes fueron evaluados incluyendo la salida precoz que nuestros colegas brasileros parecen haber olvidado. Recordamos que el impacto en el bonding y en la familia de esta salida precoz permite responsabilizar a los padres del cuidado de su hijo.

3) Tuvimos un informe general acerca del entrenamiento realizado en los últimos años por Brazil con un fondo dado por el BNDES para difundir el método canguro. Tuvimos algo de decepción de no encontrar la Dra. Branca Liris Ramos en este evento, ella vino en 1994 a entrenarse un mes en Bogotá y luego difundió por primera vez en Brazil la técnica en su maternidad en Sao Paulo y nos mandó los primeros artículos brasileros acerca de la TMC. El entrenamiento fue programado por 40 horas en centros que ya habían montado su programa, 30 personas se distribuyeron en 6 equipos de 5 personas que se fueron a entrenar en 2 centros: San Luis (Dr Geisy Lima) y Recife (Dra Zeny Carvalho Lamy)

4) Propusimos al Dr. Nelson Diniz Oliveira y a las Dras. Geisy Lima y Zeny Carvalho Lamy de modificar levemente el programa del workshop. Para el final del presente día están

previstas unas horas para la presentación de los temas libres, mejor dicho los temas de nuestros colegas alrededor del mundo y además se distribuyeron en varias salas en paralela con unos tiempos muy cortos de 10 mn. Muchos participantes vinieron de muy lejos y escuchar no solamente la experiencia nacional brasilera en la Unidad de Cuidados Intensivos pero tambien las experiencias en TMC alrededor del mundo. Les proponemos acortar las presentaciones de temas generales y más bien iniciar en la sala principal, uno por uno, los temas libres que nos interesan a todos. En caso de faltar tiempo podríamos continuar mañana en la mañana. ¡Lo más importante es lograr controlar el tiempo de presentación amablemente pero firmemente. Hay en el programa una cantidad importante de presentaciones acerca de la aceptación e impacto psicológico de la TMC en las madres, en los padres, en los hermanos, en el staff…. en las unidades de cuidados intensivos neonatales brasileras. Después de un corto debate se decide aceptar la propuesta lo que logra disminuir una leve tensión que existía en los participantes.

5) Un cocktail de bienvenido esta organizado para que se encuentren los participantes internacionales y brasileros. Es en el ultimo piso de uno de los hoteles donde se alojan los participantes. Los jugos de frutas son deliciosos y se pasa un momento agradable de reencuentro para muchos. Aprendimos que en Brazil, cuando es el Ministerio que organiza los encuentros, los coktailes son siempre sin alcohol, muy respetable!!!!

El Dr Nelson Diniz y las organizadoras del evento por parte del Minsalud

Pr Zeny Lamy, su esposo y otras colegas Brazileras

Dr Geisy Lima (Brazil)
Dr N.Charpak (Colombia)
Dr Lincetto (OMS, Giniebra)

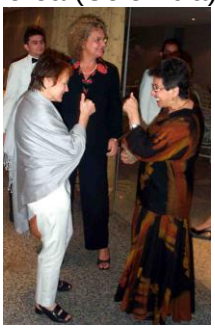
Dr Ranoivoson (Madagascar)
Dr Ann Mary Berg 5SurAfrica)

Dr Sofia Quintero (Italia)


Dr Nguyen (Vietnam)
Dr Bergman (SurAfrica)


Dr Mokhachane (SurAfrica)


Dr Kurilina (Ucrania)
Dr Figueroa (Colombia)


Dr Jelka Zupan (OMS, Giniebra)


Dr Guifo (Cameroun)


upo con la Dra. de Zimbawe

PÓSTERES

Visitamos los pósteres de nuestros colegas. Son tan interesantes que vale la pena mirar los resúmenes para cada uno de estos trabajos. Los adjuntamos al final del reporte así como los resúmenes de cada conferencia de los temas libres. Sin embargo aquí tienen un resumen de los pósteres agrupados por temas

1. **INTERACCIÓN Y VÍNCULO (7)**

Autores principales Dittz Erika, Almeida H,
Gomez Nelly Fabiola (2), Elias C,F, Zela Ma da costa, Custodio Z.A.O.
Se habla de la importancia de la TMC sobre el establecimiento del vínculo afectivo, el manejo humanizado del RN y los sentimientos maternos contradictorios frente a su hijo prematuro. En realidad nada nuevo. Interesante la utilización de la TC como un modo de humanizar la neonatología.

2. **CUIDADOS CENTRADOS EN LA FAMILIA (5)**

Autores principales Dittz Erika, Adriana de Madeiros, Elias C.F, Rodrigues E.C. (2)
Se insiste nuevamente en la atención humanizada de los R.N. con la presencia de los padres, los cuales ya no sienten la incubadora como una barrera entre ellos y sus niños. Interesante la percepción de la necesidad de considerar al niño prematuro como integrante de una familia, y preparar a la familia para recibirlo.

3. **INTERACCION TEMPRANA Y ATTACHMENT (2)**

Autores principales Adriana de Madeiros, Dave Woods.(no fue presentado)

4. **CLINICA (13)**

Autores principales Aline Miltersteiner (9), Tatiana Kurilina, E. Beckh-Arnold, Kerstin Hedberg, Teresa Lopes:
De Nuevo se hacen estudios sobre las ventajas ya conocidas de la posición canguro sobre las respuestas fisiológicas de los niños. La ganancia diaria de peso, la disminución de la estancia hospitalaria, la prevención de la hipotermia. Son realmente necesarios estos estudios?
Interesante el aumento del número de visitas de la madre que tuvo a su niño en canguro, aún cuando la distancia a recorrer fuera larga. También interesante la presencia de la fono-audióloga en la TMC, para ayudar a resolver los problemas de succión.

5. **CRECIMIENTO Y DESARROLLO (3)**

Autores principales Lamonica C.S., Goncalves C. Alves N.B.

Importancia de la TMC sobre el desarrollo psicomotor de los niños y la integración sensorial, el vínculo afectivo y la atención humanizada. Parece repetitivo el tema, no por eso deja de ser importante.

6. OTROS VARIOS

Susan Ludington: muy interesantes los resultados sobre los efectos del cuidado canguro en la maduración cerebral, en la organización del sueño y en la variabilidad de la F.C. de los niños prematuros. Como siempre hay que tener recursos económicos y humanos para poder llevar a cabo estos estudios. Sirven mucho para entender la importancia de un cuidado canguro bien hecho.

Barbara Morrison: Muy importante la creación de la certificación en cuidado canguro, que ojalá se aplique no solo en USA, si no en cada país que implemente la técnica. Aquí pueden incluirse otros 2 posters de Oliveira C.A., Almeida H y Elías C. sobre las estrategias de capacitación para los profesionales de salud. No hay que olvidar que la técnica canguro se considera "neonatología a domicilio", si el seguimiento es ambulatorio.

Guifo Odette, Ranavoison Ivonne: Importante para conocer la evolución de los PMC de Camerún y Madagascar respectivamente, y la adecuación de la técnica a las circunstancias de cada país.

Almeida H, CECI Meneses, Goosen: Importancia de la T.C. en el éxito de la alimentación materna. Solo es importante para no bajar la guardia en lo referente a la L.M., pero creo que está bien demostrado el tema.

CONFERENCIA INTERNACIONAL CANGURO

Decidimos dejar los resúmenes de las personas que no pudieron viajar pero que tenían información interesante para compartir para todos nosotros los interesados en la técnica madre canguro y su difusión en el mundo.

Tenemos que adicionar que hubo traducción simultánea Portugués-Inglés y viceversa, que hacía que casi todos nuestros colegas brasileros hicieran sus presensación en portugués mientras que los otros participantes hicieron el esfuerzo de presentar en inglés, aún cuando este idioma no era su lengua nativa.

9:30 horas: Conferencia:

MÉTODO CANGURU: O QUE FOI PENSADO PARA O BRASIL

Presidente: Dr. Ricardo Horário Fescina

Conferencista: *Dr. Nelson Diniz Oliveira*

El Dr Nelson Diniz Oliveira trabaja en el Ministerio de Salud Brasilero y nos hizo un panorama de la experiencia en método madre canguro de su país. El enfoque es más una atención humanizada del recién nacido que tiene incluido el componente canguro intrahospitalario. Parece que no manejan mucho la parte ambulatoria de la técnica madre canguro. Consideran solamente las ventajas psicoafectivas, no quieren considerar la baja del hacinamiento de muchas unidades neonatales, el mejor uso de los recursos humanos y técnicos disponibles, la disminución del tiempo de hospitalización y la disminución de los costos. Nos presenta las reglas madre canguro brasileras y el futuro del método en Brasil. Los entrenamientos duran 40 horas para grupos de 30 personas divididos en 6 equipos de 5 personas que se repartieron en los 2 centros: Recife y San Luis para el entrenamiento.

10:30 horas: Mesa Redonda:

EL MÉTODO MADRE CANGURU ALREDEDOR DEL MUNDO
Presidente: Dra. Carla P. Brasil
Cada presentación duró 20 minutos

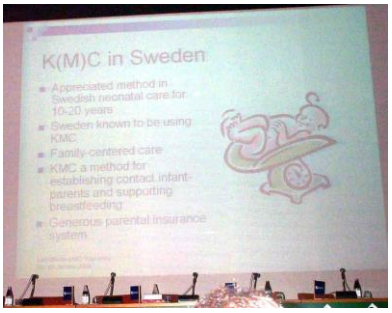
El experiencia de Colombia
Dra. Nathalie Charpak

Se hace un panorama general mostrando como la TMC se adapta a las circunstancias y subrayando las dificultades encontradas según los países y culturas. Termina con unas diapositivas acerca del network de India que incluye 5 hospitales por ahora, pronto 6 ó 7, y que iniciará un entrenamiento formal el mes próximo.

El experiencia de India
Dr Vishwajeet Kumar

Se hizo un experimento de TMC en la comunidad, debemos decir más bien contacto piel a piel para la prevención de la hipotermia. Como se isoló el componente, no parece ser tan aceptado, no hay soporte que permita a la madre cargar fácilmente el bebe, no se habla del problema de los pañales, que es muy importante, ya que en India donde no se acostumbra a poner pañales, en consecuencia la probabilidad que la TMC sea rechazada es alta en estas condiciones. Quedan muchos interrogantes especialmente acerca de la hipotermia de la madre que podría crear hipotermia en el bebé si se pone piel a piel. En concusión, la TMC en comunidad demanda una buena preparación para la aceptación cultural.

El experiencia en Europa
Dr Lars Wallin



La conclusión es que los padres deben revindicar sus derechos. La falla es la falta de reglas escritas. Es muy interesante ya que es lo mismo en todos los hospitales del mundo, sin normas escritas, no funciona la introducción de una nueva práctica

El experiencia en Africa
Dra Ann Mary Berhg

Contacto muchos centros de su continente para una encuesta acerca de su programa madre canguro.No todos respondieron pero la mayoría con información muy interesante.
Quiero anotar que para vencer la resistencia de las comunidades usan mucho lo que llaman
Role Player, que es como poner en teatro corto las preguntas y respuestas y así poder poner en relieve las resistencias. Es un método interesante.

La experiencia en USA
Dr Susan Ludington

La resistencia viene de los doctores más que todo. Hace 20 años se está trabajando la TMC en USA y la conclusión es que son las madres quienes deben pedir entrar al programa canguro ya que en general no esta propuesto

12:00 horas: Conferencia:
CUIDADOS COM O CUIDADOR
Presidente: Dr. José Dias Rego
Conferencista: Dr.Maria Cezira Fantini N. Martins del Ministerio de Salu de Brazil

El almuerzo fue rápido para poder iniciar los temas libres lo más pronto posible

14:00 horas: **TEMAS LIBRES: Se presentan el 10 y continúan el 11 en la mañana en el mismo salón para que todos los participantes puedan escucharlos.**
Coordenadores: Dr. Nelson Diniz Oliveira
Dra. Denise Streit Morsch
Dra. Geisy Maria de Souza Lima
Dra. Maria Auxiliadora Gomes de Andrade
Dra. Nicole Oliveira Mota Gianini
Dra. Suzane Oliveira de Menezes
Dra. Zeni Carvalho Lamy

Aquí encontrarán los temas que se presentaron con una nota. El resumen de la conferencia se puede consultar al final del reporte. Los abstracts de nuestros colegas brasileros están en portugués, no tuvimos el coraje de traducirlos!!!

INTRODUCCION: Dr Jelka Zupan, OMS, Giniebra

"SINAIS VITAIS DE PREMATUROS DE BAIXO PESO E A INFLUÊNCIA DO MÉTODO CANGURU "
Almeida, Caroline M.;Caroline Monteiro De Almeida;Ana Flávia Naoum De Almeida; Eli Maria Pazzianotto Forti;Maria Imaculada Montebello

Abstract 1
Será necesario seguir insistiendo, por medio de estudios, si hay tantos, en las ventajas de la TMC?. Sobre la saturación en oxigeno, la frecuencia respiratoria..... en la UCI

"EXPERIÊNCIA EM MÉTODO MÃE-CANGURU DO HOSPITAL GERAL CÉSAR CALS"
Brito, Mha;Maria Haydée Augusto Brito;Vera Lúcia Jornada Krebs;Sandra Josefina F. E. Grisi

Abstract 2
Otro estudio observacional. Sin comentarios. Ventajas de la TMC en relación con la incubadora.

"PROGRAMA DE INTERVENÇÃO PSICOLÓGICA ORIENTADO PARA REGULAÇÃO EMOCIONAL EM MÃES DE BEBÊS NASCIDOS PRÉ-TERMO E MUITO BAIXO PESO (<1.500 g) HOSPITALIZADOS EM UNIDADE DE TERAPIA INTENSIVA NEONATAL FAEPA-HCFMRPCUIDADOS CENTRADOS NA FAMÍLIA"
Carvalho, A.E.V;Ana Emilia Vita Carvalho;Maria Beatriz Martins Linhares;Flávia Helena Pereira Padovani;Francisco Eulógio Martinez;Geraldo Duarte

Abstract 3
Es importante recordar que el manejo de la díada madre-hijo prematuro deba ser inter. y multidisciplinario. Nunca deben ser separados, salvo especiales circunstancias, lo cual lleva consigo un manejo especial de esta separación, especialmente desde el punto de vista psicológico. Esto garantiza éxitos futuros en la aplicación de la TMC.

"QUE DINI O QUE VIVE A MÃE DE UM PREMATURO? UM ESTUDO PSICANALÍTICO SOBRE A PREMATURIDADE CUIDADOS CENTRADOS NA FAMÍLIA"
Rosenzvaig, A.M.V.;Ana Maria Vieira Rosenzvaig;Ricky Emanuel;Edna Maria De Albuquer
Abstract 4

"SUSTENTAÇÕES COTIDIANAS DAS FAMÍLIAS ENVOLVIDAS NO MÉTODO MÃE CANGURU MÉTODO MÃE CANGURU CUIDADOS CENTRADOS NA FAMÍLIA"
Mmcione De Queiroz;Elizabete Terezinha S Rosa;Marilena F. Ninomiya As

Abstract 5
"VISITA DOMICILIAR DO MÉTODO CANGURU PÓS ALTA HOSPITALAR OUTROS"

Iha, M. R;Milena Ribeiro Iha;Samir Sahade;Luis Fernando Delgadillo Trigo;Marisa Da Matta Aprile

Abstract 6

"EVALUATION OF THE HUMANIZED ATTENTION FOR LOW-BIRTH WEIGHT INFANTS – KANGAROO MOTHER CARE IN BRAZIL: IMPACT ON MORTALITY." Paho/Brazilian Ministry Of Health/Capes Foundation Clinical Melo Junior, A V P ; Anisio Veloso Pais E Melo Jr.; Sharon Huttly; Cesar Gomes Victora

Abstract 7

"EVALUATION OF THE HUMANIZED ATTENTION FOR LOW-BIRTH WEIGHT INFANTS – KANGAROO MOTHER CARE- IN BRAZIL: IMPACT ON MORBIDITY"
Paho/Brazilian Ministry Of Health/Capes Foundation Clinical Oral
Melo Junior, A V P ;Anisio Veloso Pais E Melo Jr.;Sharon Huttly;Cesar Gomes Victora

Abstract 8

" INTERRUPTIONS TO KANGAROO CARE AND THE BREASTFEEDING CONTINUUM POSTPARTUM DAY 1"
Dr. Barbara Morrison, Phd, Cnm;Dr. Barbara Morrison;Dr. Gene Cranston Anderson Cwru Fp Bolton School Of Nursing Clinical

Abstract 9

Es imposible conseguir una lactancia maternal exitosa, con o sin cuidado canguro, si la madre es interrumpida tantas veces, más de 30 en 24 horas. Se considera necesario replantear la dinámica médica y para-médica de los servicios de obstetricia de los diferentes hospitales, que quieran implementar la lactancia materna, con el fin de hacerlos amables y facilitadores de esta loable práctica.

"PHYSIOLOGIC AND BEHAVIORAL STATE OF NEONATES BEFORE AND DURING MATERNAL AND PATERNAL KANGAROO CARE"
Marjorie Osia;Liza Martin;Socorro De Leon-Mendoza

Abstract 10

"EXPERIENCE WITH INTERMITTENT KANGAROO MOTHER CARE IN NEONATAL INTENSIVE CARE UNIT"
Dr.Veena R Parmar;Kaur Rupinder;Sunny Narula;Veena R Parmar;Ajay Kumar;Basu Srikanta;Siddharth Parmar;Kavita Rani Sharma;Dilpreet Kaur;Rekha Sharma

Abstract 11

"KANGAROO MOTHER CARE IN SWEDEN"
Lars Wallin;Lars Wallin;Uwe Ewald

Abstract 12

"EARLIER DISCHARGE OF PREMATURE BABIES USING KANGAROO MOTHER CARE INTERVENTION"
Lydia Mokgosi;Mokgosi Lydia;Beckh-Arnold Elaine;Mokhachane M;Velaphi S;Mokhachane M

Abstract 13

Excelente utilización de la TMC, con alojamiento conjunto, para la resolución de los problemas presentes en el hospital. Esperamos pronto el manejo ambulatorio.

"KANGAROO MOTHER CARE DIFFUSION IN VIETNAM"

Nga, N. T.;Dinh Phuong Hoa, Md, Phd;Nguyen Thu Nga, Md, Mph;Tran Thi Hoa, Md, Mph;Luong Kim Chi, Md;Phan Thi Thanh Binh, Md

Abstract 14

Excelente trabajo de los vietnamitas. Buen programa y hay que recordar que son centro de entrenamiento con buena calidad. De nuevo hay que hacer énfasis en que las barreras culturales no son obstáculos para la implementación de un buen programa, sólo hay que saber adaptar las reglas a cada cultura.

"EARLY KANGAROO MOTHER CARE VS. CONVENTIONAL METHOD IN STABILIZING LOW BIRTH WEIGHT INFANT: PHYSIOLOGIC PARAMETERS (PRELIMINARY REPORT)"

Rulina Suradi;Rulina Suradi;Piprim B. Yanuarso;Sudigdo Sastroasmoro;Nani Dharmasetiawani

Abstract 15

PSYCHOLOGICAL IMPACT OF KANGAROO MOTHER CARE ON MOTHER-INFANT BONDING IN PRETERM DELIVERY

Maria A. Tallandini;Maria Anna Tallandini;Chiara Scalembra;Paola Corbatto;Tamara Strejn;Sergio Demarini University Of Trieste Region Friuli-Venezia Giulia

Abstract 16

Parece importante que cada sitio, en donde se practique TMC, haga estudios relacionados con el impacto psicológico sobre las madres que tiene dicha técnica y el establecimiento del bonding. Se puede considerar que las madres, independientemente de su lugar de origen, tienen sentimientos especiales y amorosos hacia sus hijos. Pero no hay que olvidar la influencia cultural y ambiental. Será que la TMC puede borrar estas barreras?

"LOW AMBIENT AND MATERNAL BODY TEMPERATURES IN RURAL INDIAN HOMES INFLUENCES STRATEGY TO IMPLEMENT COMMUNITY-BASED KMC"

Gary L. Darmstadt;Vishwajeet Kumar;Sanjay Gupta;Vivek Singh;Amit Gupta;Shally Awasthy;Jai Vir Singh;Abdullah H Baqui;Peter Winch;Mathuram Santosham;Gary L Darmstadt Usaid-N.Delhi; Save The Children Federation, Usa

Abstract 17

Parece que falta convencimiento de los beneficios de la posición canguro sobre la regulación de la temperatura. Eso no tiene discusión.

En cuanto a la aplicación de TMC en comunidad, se necesitan muchos estudios, pues una TMC mal aplicada puede ser letal para el niño Se necesitaría disponer de un gran equipo educador no sólo en TMC, sino en puericultura, y sobre todo contar con la posibilidad de remisión de estos niños, a un centro especializado para su atención. Es de recordar que la lucha ahora es por super-vivencia pero con calidad de vida.

"ACCEPTANCE OF COMMUNITY-BASED SKIN-TO-SKIN CARE IN INDIA"

Gary L. Darmstadt;Vishwajeet Kumar;Ranjana Yadav;Saroj Mohanty;Shally Awasthy;Jai Vir Singh;Peter Winch;Abdullah H. Baqui;Mathuram Santosham;Gary L. Darmstadt Usaid-Delhi; Save The Children Federation-Usa

Abstract 18

"AFTER ALL, HOW PERCIEVE THE MOTHERS THE KANGOROO POSITIONS?(AFINAL, COMO AS MÃES PERCEBEM A POSIÇÃO CANGURU?)"

Regina Katz;Regina Katz

Abstract 19

"KANGAROO MOTHER CARE: THE ROLE OF HEALTH SERVICES AND FAMILIES NETWORKS FOR A SUCCESSFUL PROGRAM".

Toma, Ts;Tereza Setsuko Toma Fundação Ford

Abstract 20
Siempre será importante tener en cuenta la participación efectiva y eficaz de los diferentes actores que intervienen en el manejo del niño prematuro. Todos los programas y estudios que mejoren el entendimiento de cada rol serán siempre bienvenidos y aplicados de acuerdo a cada circunstancia.

"IMPLEMENTATION OF KANGAROO MOTHER CARE (KMC) IN SÃO PAULO STATE – A RARE EXAMPLE OF A PROCESS EVALUATION"
Colameo A.J.;Ana Júlia Colameo;Marina Ferreira Rea.
Abstract 21

"SUSTAINABLE KANGAROO MOTHER CARE PRACTICE AND RECORD KEEPING – EVIDENCE FROM THREE IMPLEMENTATION OUTREACHES IN SOUTH AFRICA"
Anne-Marie Bergh ;Anne-Marie Bergh ;Van Rooyen;Pattinson, Rc
Abstract 22
Sería interesante que la técnica canguro no fuera utilizada de manera intermitente, pues son conocidos sus efectos benéficos, pero entendemos que con los problemas de implementación, es un gran logro que se esté aplicando. Nos gustaría que algún día se lleve a cabo de manera ambulatoria.

"RECORD KEEPING IN A KANGAROO MOTHER CARE UNIT AND AN ANALYSIS OF THE DATA"
Anne-Marie Bergh ;Pattinson Rc;Pattinson R.C.
Abstract 23

"YOU TEACH US AND WE WILL LEARN," COMMUNITY KANGAROO MOTHER CARE: A QUALITATIVE PILOT STUDY TO EXPLORE TRAINING AND IMPLEMENTATION IN RURAL BANGLADESH"
Christine Gregson;Christine Gregson;Stacy Saha;Nancy Gerein
Abstract 24

"WAKING UP BABY: BARRIER TO KANGAROO CARE AS AN AID TO BREASTFEEDING"
Gene Cranston Anderson;Gene Cranston Anderson;Sheau-Huey Chiu;Barbara Morrison;Maria D. Burkhammer Sigma Theta Tau International
Abstract 25

"KNOWLEDGE, ATTITUDE AND PRACTICE OF KANGAROO MOTHER CARE AMONG NIGERIAN PAEDIATRICIANS AND DOCTORS"
Ibe O.E Dr;Ochiawunma E. Ibe;Chidi V. Nweneka ;Oluwole Fajemisin ;Mary Arigo
Abstract 26

"MOTHER/PREMATURE INFANT SKIN-TO-SKIN CONTACT:HEALTH AGENT` KNOWLEDGE AND DIFFICULTIES IN IMPLEMENTATION"
Monicabrundi@Cotelnet.Com.Ar;Mónica Brundi;María Aurelia Gonzalez;Miguel A. Larguía;Diego Enriquez
Abstract 27

"SKIN-TO-SKIN CINTACT ANALGESIA FOR PRETERM INFANT HEEL STICK"
Susan Ludington;Susan Ludington-Hoe;Robert Hosseini Department Of Nursing Case Western Reserve University
Abstract 28

Bastante importante y sería muy interesante que se utilizara la posición canguro como parte del protocolo de manejo del dolor, no sólo en prematuros o en UCI sino en cualquier situación dolorosa.

"THE DEVELOPMENT OF TEMPERAMENT IN CHILDREN OF EARLY AGE LBW BORN AFTER THE TRADITIONAL AND KANGAROO CARE"
Tatyana Kurilina;Tatyana Znamenskaya Institution Of Pediatrics,Obstetrics & Gynecology Nestle Ukraine
Abstract 29

"ANÁLISE DESCRITIVA DO DESENVOLVIMENTO DE RECÉM-NASCIDOS PREMATUROS QUE PARTICIPARAM DO PROGRAMA MÉTODO MÃE-CANGURU"
Penalva, O.;Olga Penalva
Abstract 30

Durante varias horas este dia y la mañana siguiente descubrimos los progresos en la evaluacion y en la difusion de la TMC

Mucha concentracion!!!!!

11/11/2004

09:00 horas: Wellcome Coffee

09:30 horas: Trabajos libres. Terminacion

12:00 horas Introducción de los grupos de trabajo por la Dra. Maria Auxiliadora Gomes de Andrade

14:00 horas: **ORGANIZACIÓN DE LOS GRUPOS DE TRABAJO Y PRESENTACION DE LOS TEMAS**
Presidente: Dr. Nelson Diniz Oliveira
Se organizaron 5 grupos de trabajo con un coordinador:
1) *Policies and implementation of KMC*
2) *Psychological aspects of KMC*
3) *Individual Care (NIDCAP)*
4) *KMC ambulatory follow up*
5) *Evaluation and research on KMC*

16:00 horas: Los grupos se interrumpieron una media hora no mas para un café y el trabajo se reanudo con dinamismo para lograr clausurar alrededor de las 18:30 de la tarde esta sesión de trabajo.

19:00 Se organiza una reunión en el hotel de los miembros del INK, Internacional Network on MC y Jelka preside la sesión. Se integra la reunión, su organización, los ausentes, se examinan las candidaturas para el próximo meeting que corresponde a los 10 años del INK, se propone Giniebra, Suiza con el apoyo de WHO; Stokolm, Suecia para despertar a los europeos y Susan Ludington propone Cleveland, USA; ya tienen la plata sin embargo sabemos que la consecución de visas para muchos participantes puede volverse complicada para USA. Se decide que antes de Marzo 2005 la decisión debe ser tomada y Adriano Cattaneo centralizará las discusiones. Abrazos y saludos para todos.

12/11/2004

9:00 hs - Wellcome Coffee

9:30hs - **Sesión plenaria**
Presidente: Dr. Nelson Diniz Olivera
Secretária: Dra. Nicole Oliveira Mota Gianini

N.Diniz y A.Cattaneo, moderadores



El debate es animado

Presentación de los trabajos del día anterior. Cada presentación se discute punto por punto. Hay numerosas intervenciones, unas menos constructivas que otras. El Dr. Martínez de Cafam, Colombia, uno de los pioneros históricos del programa Colombia protesta por la administración de vitaminas a los niños durante el seguimiento ya que la leche materna lleva, en su concepto, todas la vitaminas necesarias???, sin embargo, la Dr Mantoa Mokhachane, muy razonable, le explica que desde que se complementa la leche materna con vitaminas desaparecieron los raquitismos en los bebés canguro que siguen y que no están dispuestos a regresar al pasado.
Los grupos de trabajo tienen un mes para acabar de ponerse de acuerdo con la versión final del trabajo y les ponemos en anexo el resultado del grupo de trabajo acerca del seguimiento ambulatorio canguro.


y luego de varias discusiones, los diferentes grupos logran ponerse deacuerdo!!!Un logro!!

15:00hs: Esta programada una visita a un hospital del gobierno con un programa madre canguro. Nos dirigimos hacia allá en 2 busetas y nos dejan frente a un hospital nada especial bajo un puente de tráfico pesado y en una calle destrozada. Los organizadores no están allí y luego de discutir con el portero y de varias llamadas de nuestros colegas brasileros nos dejan entrar. Visitamos una unidad de cuidado neonatal, normal para un país como Brasil o cualquier otro en Latinoamérica; la sala canguro tiene unas camas con cojines confortables y una mamá

con gemelos nos dice estar en la sala hace 3 semanas. Vive a media hora del hospital y muy bien podría estar en su casa con sus hijos, al menos cuando se aplica el KMC como se creó en Colombia. Nos hace pensar que falta un entrenamiento en este aspecto que valdría la pena insistir. Después de esta visita corta nos despedimos.





Damos nuestros agradecimientos a Laboratorios Abbott de Colombia, Banco de la República y Ministerio de Saude de Brasil por su colaboración en los pasajes y estadía en la ciudad de Rio de Janeiro para la participacion de **Colombia** al V Workshop Internacional de Método Canguro.

ANEXO 1
ABSTRACTS PRESENTACIONES ORALES

Abstract 1

SINAIS VITAIS DE PREMATUROS DE BAIXO PESO E A INFLUÊNCIA DO MÉTODO CANGURU

O Método Canguru é uma forma de assistência neonatal, que consiste no contato pele a pele precoce entre mãe e recém-nascido (RN) de baixo-peso. Tem como vantagens aumentar o vínculo mãe-filho; estimular o aleitamento materno; melhorar o controle térmico; e reduzir o índice de infecção hospitalar por possibilitar menor permanência no hospital.

O propósito do presente estudo foi avaliar a freqüência cardíaca, a freqüência respiratória, a pressão arterial e a oximetria de pulso dos recém-nascidos pré-termo de baixo peso, antes da aplicação do Método Canguru e trinta minutos após sua execução.

Foram avaliados 14 recém-nascidos pré-termo de baixo peso, de ambos os sexos, saudáveis, estáveis clinicamente e não portadores de disfunções respiratórias, cardíacas e neurológicas.

A avaliação foi realizada uma vez por dia, três dias consecutivos. O RN estava em berço comum há 30 minutos, usando somente fralda. Foi avaliada a temperatura corpórea, por 3 minutos, com um termômetro Gold Flash na prega axilar do RN. Foram em seguida colocados um sensor e um manguito (Moriya M1000) na perna do bebê, acoplados a um monitor EMA RX-300A. Após três minutos verificou-se a saturação de oxigênio, a freqüência cardíaca e pressão arterial. Finalmente foi verificada a freqüência respiratória através de um relógio de pulso por um minuto.

Foi feita nova coleta dos dados após 30 minutos de aplicação do Método Canguru, com a mãe vestindo uma roupa que permitia contato pele a pele com o bebê, deitada na cama com a cabeceira elevada a 45º. O RN foi colocado na posição vertical entre as mamas da mãe.

A pressão arterial e a freqüência cardíaca não mostraram diferenças significativas após 30 minutos de aplicação do Método Canguru. Por outro lado, houve aumento significativo da temperatura e da saturação periférica de oxigênio e diminuição da freqüência respiratória.

A média dos valores de saturação periférica de oxigênio era de 94,4% antes da aplicação do Método Canguru, e de 97,4% após 30 minutos de aplicação.

A média dos valores da freqüência respiratória antes da aplicação era de 42,4 respirações por minuto (rpm) e de 38,2 rpm após trinta minutos.

A média dos valores da temperatura antes da aplicação era de aproximadamente 36,2 ºC e de 36,5ºC após 30 minutos.

Com os resultados obtidos concluiu-se que o Método Canguru só vem a contribuir para a melhora do estado geral do RN pré-termo. Promove alterações fisiológicas positivas, tais como a melhora do conforto respiratório (evidenciado pela diminuição da freqüência respiratória e pelo aumento da SatO2), melhora da oxigenação tecidual, e manutenção ou melhora do controle térmico. Esse Método merece grande incentivo, por ser simples, eficaz e de baixo custo.

Abstract 2

EXPERIÊNCIA EM MÉTODO MÃE-CANGURU DO HOSPITAL GERAL CÉSAR CALS

Objetivo: Descrever o perfil da experiência com recém-nascidos (RN) de muito baixo peso (MBP) em método Mãe-canguru do Hospital Geral César Cals. Material e Método: Estudo observacional de todos os RN, entre 1997-2002, na enfermaria Mãe-canguru de um hospital terciário que atende cerca de 6000 partos/ano e dispõe de 5 leitos Mãe-canguru. Critérios de elegibilidade para o método: 1) mãe em condições físicas e mentais para ficar com o filho em posição canguru, de modo contínuo, sob orientação e apoio interdisciplinar, e aquiescência em participar; 2)RN com estabilidade clínica (sem suporte respiratório, hemodinamicamente estável, nutrição enteral plena). Critérios de alta: bom estado geral, ganho regular de peso, aleitamento materno exclusivo, segurança materna acerca dos cuidados com o RN, envolvimento de pelo menos um membro da família no processo. Os dados foram coletados

das fichas-resumo usadas pela equipe para acompanhar os pacientes e dos prontuários. Foram analisadas freqüências e distribuições do peso de nascimento, admissão e alta, ganho ponderal diário, idade (admissão e alta), tempo de permanência, prevalência de aleitamento materno exclusivo, tipos de saída (alta, desistência por motivos maternos e transferência do RN para a UTI).O estudo foi aprovado pela Comissão de Ética Médica. Resultados: Foram admitidos 353 RN, com peso entre 860 e 1850 g, sendo 289 (81,8%) com peso < 1500g. A idade média à admissão foi 19 dias (mín=2 e máx=124). Permaneceram no método até a alta 262 (74,2%); 48 (13,5%) retornaram ao método convencional por desistência e 39 (11%) por transferência. Não houve óbitos. O ganho médio de peso foi 22g/dia e a permanência média de 19 dias. À alta, 258 (98,3%) estavam em aleitamento exclusivo e o peso médio foi 1721g (mín=1395g e máx=2415g). As causas de desistência foram depressão, doença psiquiátrica, problemas na família, claustrofobia, mal-estar materno e hábito de fumar e de transferência foram apnéia, refluxo gastro-esofágico e ansiedade materna. Conclusão: A alta de 74,2% dos RN admitidos demonstra que o método é aplicável a RNMBP, com boa aceitação entre as mães. O índice de aleitamento materno foi muito alto, com ganho de peso semelhante ao considerado satisfatório no método convencional. A idade média de admissão (19 dias), compatível com a aquisição de estabilidade clínica, permitiu que a interação mãe-RN ocorresse mais cedo do que habitualmente no serviço; o tempo médio de permanência favoreceu a alta hospitalar mais precoce

Abstract 3

PROGRAMA DE INTERVENÇÃO PSICOLÓGICA ORIENTADO PARA REGULAÇÃO EMOCIONAL EM MÃES DE BEBÊS NASCIDOS PRÉ-TERMO E MUITO BAIXO PESO (<1.500 G) HOSPITALIZADOS EM UNIDADE DE TERAPIA INTENSIVA NEONATAL

Mães de bebês prematuros, por depararem-se com uma realidade distante da imaginada na gravidez, tendem a apresentar oscilação e ambivalência de sentimentos. Estas encontram-se fragilizadas necessitando de apoio psicológico para enfrentar o nascimento pré-termo.O presente estudo tem por objetivo avaliar um programa de intervenção psicológica orientado para a regulação emocional de mães de bebês prematuros e de muito baixo peso hospitalizados na Unidade de Terapia Intensiva Neonatal (UTIN). Participaram desse estudo 59 mães de recém-nascidos pré-termo com peso igual ou abaixo de 1.500 g, internados na UTIN, distribuídas em dois grupos de acordo com o tipo de intervenção psicológica a que foram submetidas. O Grupo 1 era composto por 36 mães participantes de intervenção psicológica de rotina associada com acolhimento estruturado com material de apoio (vídeo e manual). O Grupo 2 era composto por 23 mães participantes de intervenção psicológica de rotina sem amaterial de apoio. A amostra foi previamente selecionada sem antecedentes psiquiátricos pela SCID-NP. Foram utilizados os seguintes instrumentos para avaliação psicológica das mães: Inventário de Ansiedade Traço-Estado (IDATE), Inventário de Depressão de Beck (BDI), Inventário de Percepção Neonatal (IPN-I e IPN-II), vídeo do programa de intervenção para mães de bebês pré-termo e livro de orientação psicológica à mães de recém-nascidos pré-termo. A coleta de dados foi realizada em dois momentos diferentes: durante o período de hospitalização do bebê na UTIN e após intervenção psicológica e alta hospitalar do bebê. Realizou-se a análise de variância fatorial 2x2 para comparação entre grupos e momentos. Os resultados revelaram redução dos indicadores de ansiedade do tipo estado ou traço e depressão materna, após intervenção psicológica e alta hospitalar do bebê nos dois grupos estudados. No Grupo 1 houve redução significativa dos níveis clínicos de ansiedade do tipo estado (p=0,01) quando comparado com o Grupo 2. Em ambos os grupos as mães apresentaram expectativa e percepção positiva em relação aos bebês avaliando seus comportamentos como melhores quando comparados a outros bebês, tanto antes quanto depois da intervenção. Os achados deste estudo indicam a necessidade de suporte paicológico às mães de bebês nascidos pré-termo hospitalizados em UTIN para o enfrentamento do estresse causado pelo nascimento prematuro. Concluí-se que a intervenção psicológica

precoce e preventiva, com a utilização de material de apoio, com mães de bebês de alto risco auxilia na regulação da instabilidade emocional.

Abstract4

QUE DINI O QUE VIVE A MÃE DE UM PREMATURO?

Um estudo psicanalítico sobre a prematuridade

O objetivo deste trabalho é apresentar nossas descobertas a respeito das vicissitudes da relação mãe-bebê no contexto da prematuridade, enfatizando principalmente a experiência psicológica da mãe durante o período de internação do bebê na Unidade de Cuidados Intensivos Neonatal (UCINE).

Este estudo, estruturado na forma de uma pesquisa qualitativa, foi conduzido na UCINE do Instituto da Criança da Faculdade de Medicina de São Paulo, como parte de um programa de mestrado realizado num projeto conjunto com a University of East London.

O método de investigação utilizado foi a observação psicanalítica - Método Esther Bick (Tavistock Clinic/Londres) de cinco bebês e seus pais durante o período de internação do bebê na UCINE. As sessões de observação diárias, de uma hora, tinham como foco as interações dos bebês com seus pais - principalmente a mãe, com a equipe da UNICE e o ambiente. Os sujeitos foram selecionados da população de bebês prematuros internados na UCINE cuja internação ocorreu imediatamente após o nascimento ou até 56 horas após o nascimento.

A surpresa do parto prematuro e da necessidade de internação, o contato com um bebê extremamente diferente do bebê sonhado e normalmente idealizado e a interação com um bebê extremamente frágil que corre risco de vida e que responde muito pouco aos estímulos do ambiente e aos apelos da mãe são aspectos marcantes do quadro vivido por pais de bebês prematuros.

Levando em consideração este quadro e a análise psicanalítica minuciosa das observações realizadas, identificamos três pontos que nos parecem fundamentais para compreendermos o que vive psiquicamente a mãe de um prematuro. Estes pontos são:

• o trauma psíquico pelo parto prematuro e a tendência a um funcionamento mental mais regressivo por parte da mãe

• a dificuldade de trocas harmoniosas entre mãe-bebê e a elaboração do “bebê imaginário”

• a elaboração do desapontamento e do sentimento de culpa, e a dificuldade na construção de uma identidade materna positiva

Sabemos da impossibilidade de generalizar nossas descobertas, pois o aspecto único e original de cada relação mãe-bebê é patente. Entretanto acreditamos que um estudo sistemático como este possa trazer contribuições para reflexão e subsídios para treinamento das equipes multiprofissionais que trabalham no sentido de uma atenção mais humanizada ao recém-nascido prematuro e seus pais .

Abstract5

AS SUSTENTAÇÕES COTIDIANAS DAS FAMÍLIAS ENVOLVIDAS NO MÉTODO MÃE CANGURU

As sustentações cotidianas das famílias envolvidas no Método Mãe Canguru

Para a eficácia do Método Mãe Canguru, faz-se necessário uma equipe especializada, treinada e, sobretudo uma mãe e/ou familiares que se proponha ser incluída no programa. A presente pesquisa, visou conhecer as sustentações cotidianas das famílias incluídas no MMC, bem como identificar as principais necessidades, de forma a intervir qualitativa e efetivamente no trinômio: criança, mãe/familiares e rede de apoio.

Fizeram parte da pesquisa 370 famílias de 402 bebês incluídos no MMC em 3 centros de referência: Hospital Geral de Itapecerica da Serra/SP; IMIP de Recife/PE; Hospital Universitário de Florianópolis/SC. A coleta de dados foi realizada no período de nov./2001 a jan./2003

A partir dos pressupostos da Pesquisa Social, optou-se de realizar estudo de caso nos Centros de Referência, utilizando formulário, entrevista semi-aberta e observação participante. Os dados foram coletados com a mãe/familiares nas UTIs neo natal, enfermaria canguru e ambulatórios de acompanhamento. O formulário foi aplicado 6 vezes com cada mãe/familiares, em diferentes fases do MMC.

A situação das mulheres/famílias pesquisadas se diferenciam do modelo familiar nuclear, o trabalho informal percorre cotidianamente a realidade pesquisada. A rede de apoio pública é frágil, assim como a rede de apoio familiar ou de vizinhança deixa muito a desejar pela impossibilidade de oferecer ajuda, tendo em vista que a maior parte vivencia a mesma situação de esforço pela sobrevivência.

Gerar filhos, ampliar a prole, muitas vezes é um fardo e não uma opção. A luta pela sobrevivência e o difícil acesso aos direitos sociais, dificulta a possibilidade de acesso à informação sobre sexualidade, contracepção e planejamento familiar.

A família, especialmente a mãe, exerce um papel fundamental para o desenvolvimento do MMC, daí a necessidade de cada vez mais os profissionais da saúde aperfeiçoar as formas de comunicação e interação com a mãe/família. Outro aspecto decisivo que a pesquisa apontou foi a necessidade de buscar formas de divulgar e legitimar o MMC junto à comunidade em geral, bem como desenvolver ações fortalecimento e/ou construção de uma Rede Social de Apoio ao Método, ou seja, buscar o envolvimento dos diversos segmentos sociais que atua direta ou indiretamente na área da criança e do adolescente, visando respaldar à família para sua inserção na proposta. O resultado da pesquisa será disponibilizado em forma de relatório e no site do canguru e subsidiou a elaboração de material educativo voltado aos familiares.

Abstract 6

VISITA DOMICILIAR DO MÉTODO CANGURU PÓS ALTA HOSPITALAR

Iha, M. R.; Saade, S.; Trigo, L. F. D.; Aprile, M. M.;

OBJETIVO:

Avaliação da continuidade das diretrizes fornecidas durante a internação hospitalar.

MÉTODO:

A Visita Domiciliar é realizada por Assistente Social e Médico Pediatra, até o 7º dia após a alta hospitalar. A família é avisada que receberá a visita, mas não é informada sobre a data. Os resultados são fornecidos pelo Protocolo instituído de Visita Domiciliar Pós Alta do Método Canguru, cujos critérios para determinar a continuidade do Método Canguru são: aleitamento materno, uso de bicos, prática da posição canguru, tempo de permanência em posição canguru e aceitação familiar ao Método Canguru.

RESULTADOS:

Foram visitadas 88 famílias no período de setembro de 2001 à novembro de 2002. Quanto ao Aleitamento Materno, 68 (85%) permaneceram com leite materno exclusivo, 08 (9%) permaneceram com leite materno predominante e 04 (5%) permaneceram sem leite materno. Quanto ao uso de bicos: 66 (81%) não utilizaram nenhum tipo de bico, 03 (4%) usaram chupeta, 08 (10%) usaram mamadeira, 4 (8%) usaram mamadeira e chupeta. Quanto a prática da posição canguru: 77 (95%) praticaram canguru e 4 (5%) não praticaram a posição canguru. Quanto ao tempo de permanência em posição: 25 (31%) permaneceram mais de 15 horas por dia, 33 (41%) permaneceram entre 10 e 15 horas por dia e 23 (28%) permaneceram abaixo de 10 horas por dia em posição canguru. Com relação a aceitação familiar do Método: 86 (48%) sentiram felicidade e alegria, 19 (11%) tranqüilidade, 22 (12%) apoio, 16 (9%) carinho, 9 (5%)

entusiasmo, 8 (5%) ansiedade e 17 (10%) preocupação.
CONCLUSÃO:
As visitas domiciliares têm se mostrado um instrumento muito eficaz para avaliação e fortalecimento das diretrizes do Método Canguru principalmente quando analisamos os resultados: 95% dos bebês permaneceram em posição canguru; 85% dos bebês estão em aleitamento materno exclusivo; e que 81% dos bebês não utilizam nenhum outro tipo de bico e que a aceitação da família tem contribuído para a efetivação do método.

Abstract 7

Evaluation of the Humanized Attention for Low-birth Weight Infants – Kangaroo Mother Care in Brazil: impact on mortality.

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Funded by Brazilian Minister of Health / Pan American Health Organisation – PAHO / CAPES Foundation

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Introduction: The Humanized Attention for Low-birth Weight Infants – Kangaroo Mother Care (KMC) became a Brazilian health policy for high risk pregnancy maternities since 2000. No evaluation has been published in order to identify its impact on the mortality of low-birth weight (LBW) infants in the country.
Objective: To identify a plausible impact of the KMC on mortality of LBW infants in Brazil.
Methods: An ecological study was performed in 26 capitals and the Federal District in Brazil involving the 5 geographical regions. The analysis unit was high risk pregnancy maternities. Aggregated data was compiled from linkage between birth (DNV) and death information systems (SIM) per hospital in 2002 to compute the late neonatal mortality rate of infants with birth weight ranging from 1.250-2.000g. Information about implementation of KMC and availability of technology was obtained by postal questionnaires.
Results: 97 of 110 valid questionnaires were received (88.2% response rate). Reliability coefficients for the implementation and technology scores were acceptable (Cronbach-alfa coefficient 0.81 and 0.79, respectively). The mean later neonatal mortality rate was 3.75 + 0.57 /1000 live births. The partial correlation coefficient between mortality and implementation score, adjusted for region and technology score was -0.43 ($p<0.01$).
Conclusion: These results suggest that KMC as implemented in Brazil may contribute to reducing the later neonatal mortality rate of LBW infants.
Key words: Kangaroo Mother Care, mortality, Low-birth weight infants.

Abstract 8

Evaluation of the Humanized Attention for Low-birth Weight Infants – Kangaroo Mother Care- in Brazil: impact on morbidity

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Introduction: The Humanized Attention for Low-Birth Weight (LBW) Infants – Kangaroo Mother Care (KMC) became a Brazilian health policy for high risk pregnancy maternities since 2000. Few published evaluations exist to identify the impact of KMC on morbidity of LBW infants in the country.
Objective: To identify a plausible impact of the second stage of KMC on morbidity of LBW infants in Brazil.
Methods: A historical cohort study with newborns who received KMC (n=326) and internal (ICG, n=284) and external comparison (ECG, n=278) group was performed. The setting was two teaching hospitals in Recife City, northeast Brazil, between 1999-2003. Infants were observed until hospital discharge. The main outcomes were: infectious episodes, weight gain, duration of

hospitalisation, growth and feeding patterns.
Results: The baseline characteristics of hospitals, providers, mothers and newborns were similar. By discharge, the 3 groups experienced similar numbers of infectious episodes. The KMC group had overall weight gain at discharge (34.5g/d + 19.7) higher than ICG (34.3+ 14.4) and lower than ECG (37.4+ 12.6), p=0.056. Growth at discharge was higher among KMC infants (0.17cm/d + 0.11, p<0.01).The KMC group had longer duration of hospitalisation (22d + 14d, p<0.01) while ICG and ECG had 17d (DP= 14d) and 18d (DP=15d), respectively. The KMC group had higher prevalence of exclusive breastfeeding (94%).
Conclusion: The results suggest that KMC, as implemented in Brazil, is a safe intervention for low-birth weight infants.
Key words: Kangaroo Mother Care, Impact evaluation, Low-birth weight infants, Brazil

Abstract 9

INTERRUPTIONS TO KANGAROO CARE AND THE BREASTFEEDING CONTINUUM POSTPARTUM DAY 1

A pilot study utilizing kangaroo care as an intervention to increase BF by discharge revealed that mothers were frequently interrupted on the 1st postpartum day. This is the 1st full day of experience with KC and BF, a day during which KC/BF experiences determine commitment to BF. Interruptions appear to be an unsuspected influence.
AIM: This descriptive study was done to evaulate the frequency, duration, and source of interruptions, and determine if a relationship exists between interruptions and the number of BFs on PD1. It was conceptualized that an unfavorable environment for the M-I dyad is likely to decrease opportunities for successful KC/BF experiences, causing stressors during feedings and between feedings, the full BF continuum.
MATERIALS & METHODOLOGY: 31 breastfeeding mothers who delivered the previous day were recruited from a level 3 university hospital postpartum unit. Following consent, a research assistant sat outside mothers room from 0800 to 2000 recording the number of times the door was opened and duration of the interruption. Persons opening the door were asked to identify themselves as professional staff, ancillary personnel, family, or visitor. BFs were recorded from the infants record.
RESULTS: Complete data sets were obtained for 29 mothers who experienced an average of 52.28 (+/-10.63) interruptions, range 35 to 72. The mean duration was 15.94 minutes (+/-5.85). Persons were present in the room an average of 13.99 hours (+/- 7.02). Nursing staff accounted for 38.4% of the interruptions, an average of 20/mother/12 hours. Mean duration of interruption was 15.94 minutes (+/-5.85) and ranged from a knock on the door to 7.9 hours.
Mothers averaged 5.34 BF (+/-1.93) during the 12 hours, range of 2 to 10 BF. The correlation between BF frequency and frequency of interruptions was -0.133, p=0.49; BF frequency and total duration of interruptions was -0.231, p=0.227; and BF frequency and mean duration of interruption was -0.203, p=0.291.
CONCLUSION: The presence of interruptions to KC and the BF continuum was verified. They occurr with astonishing frequency and for substantial duration. Unexpectedly, the association between interruptions and the number of BF was not significant. Apparently, BF is so important that it gets done regardless of the situation. But the quality of feeding, adequacy of each feed, nor adequacy of the number of feeds is not addressed. Further studies are need to understand the role of interruptions on the BF continuum and the new outcomes above, and to develop strategies to decrease their frequency and duration.

Abstract 10

PHYSIOLOGIC AND BEHAVIORAL STATE OF NEONATES BEFORE AND DURING MATERNAL AND PATERNAL KANGAROO CARE

OBJECTIVES :To compare the temperature, heart rate, respiratory rate and behavioral state of low birth weight (LBW) infants before and during “kangaroo” care(KC)by mother and father. To assess the weight gain of LBW neonates before and during “kangaroo” care.

METHODOLOGY : Direct observational study of fifty (50) spontaneously-breathing LBW neonates at the NICU, who were eligible for admission to the “Kangaroo” Mother Care (KMC) Program of government-run hospital. They were selected sequentially and enrolled to the study, after an informed consent was obtained from the mother. One day before transfer to the KMC ward, vital signs were recorded at eight-hour intervals. The Prechtl Behavioral State Scale was used to assess behavioral state after vital signs were obtained. Average weight gain during the neonates’ last three days in the NICU were likewise recorded. The same variables were measured and assessed during maternal(KC) by one observer and during paternal KC by another observer. Average weight gain in the KMC ward were noted. Means, standard deviations, and range of values were calculated for each variable and compared using T-test and chi-square test where appropriate. Coefficient of variation was also determined.
RESULTS : For the 50 subjects studied, 150 measurements were taken for the variables before and during maternal KC and 100 measurements for paternal KC. Mean age of gestation was 35.3 weeks, (30-37 wks). Mean weight before KC was 1758.9 gm (1280-1995gm) and 1771.46 gm while in KC, a mean average weight gain of 12.5 gm/day. ($P<0.05$). Mean axillary temperatures before and during KC were 36.6 and 36.8 C respectively ($P<0.05$). Mean rectal temperatures before and during KC were 36.8 and 37 C ($P<0.05$). Mean heart rates and respiratory rates before and during maternal KC were not significantly different. Behavioral State scores were significantly lower during KC compared to non-KC state in the NICU (3.00 v.s. 3.32 $P<0.05$)). Between maternal and paternal KC, a significantly higher rectal temperature (37.3 v.s. 37.0 $P<0.05$), faster heart rate (151.8 v.s. 145.2 $P<0.05$) and respiratory rate (51.3 v.s. 44.6 $P<0.05$) and higher behavioral state scores (3.5 v.s.3.0 $P<0.05$) were observed with the father.
CONCLUSIONS : Axillary and rectal temperatures were significantly higher during KC than before KC. Heart rate and respiratory rate were not significantly altered during KC and behavioral states were significantly lower during maternal KC. Except for axillary temperature, all other variables were lower in maternal compared to paternal KC. Mean weight gain was better in KC

Abstract11

INTERMITTANT KANGAROO MOTHER CARE IN NEONATAL INTENSIVE CARE UNIT : CHANDIGARH- INDIA

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OBJECTIVE: To study the feasibility and attitude of nurses towards Kangaroo Mother Care (KMC) in low birth weight neonates in an Intensive Care Unit.
METHODS: KMC is a routine practice in our unit since August 2002.
Doctors, nurses and paramedics have been educated and trained in KMC and its benefits. All neonates once stable are subjected to KMC for a period of minimum 4 hours/24 hours and continued till discharge. Mother, father, grand parents and siblings are encouraged to do KMC and it is encouraged in groups to promote psychological support system. Due to non-availability of lycra bands, innovations like sports bra, duppata (Veil) were used to secure the baby in position. Naked baby with booties, nappy and cap on is secured to the bare bosom of the person giving KMC, but, if objected, it was allowed over the clothes.
RESULTS: 62 low birth weight babies were given KMC. Of these19 (31%) were <1000 gm, 32(52%) 1001-1500gms and rest betwee1501-2500 gms. (smallest 548 grams). KMC was initiated within first week in 50 % and by 2nd week in 27.4%. Mean duration of KMC was 7 days (range 1-48). No significant variation in heart rate, respiratory rate was noticed. Temperature remained within 36.5 to 37.40C even in VLBW babies under incubator care. None developed hypothermia or hyperthermia. Oxygen saturation showed improvement by 2-3% in all
ATTITUDE: Nurses felt that the requirement of manpower, close supervision by them and use of heat convectors in NICU decreased considerably. Babies who received KMC had fewer complications and their survival outcome was better. An increase in Expressed Breast milk in mothers was reported. Mothers accepted KMC well, were more confidant in handling their LBW

babies. Their milk yield increased and they felt that they are contributing positively in the care of their tiny babies.
CONCLUSIONS: KMC is a good, safe and economical alternative to provide preterm care in developing countries having constraints on manpower and equipment. It is well accepted by mothers, families and nurses.
Key words: Kangaroo Mother Care, Very Low Birth Weight Babies.

Abstract12

KANGAROO MOTHER CARE IN SWEDEN –
Preliminary results of a trial on facilitation support for guideline implementation
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Objective: The purpose of this study was to determine the effect of facilitation in the implementation of Kangaroo Mother Care (KMC) guidelines.
Method: Four neonatal intensive care units at different county hospitals located in central Sweden participated in the study, which was organized in three phases, running over 20 months: pre-intervention, intervention, and post-intervention. A condensed guideline, based on a draft of the WHO guideline on KMC, was disseminated to each unit at the beginning of the intervention phase. Additionally, the two randomly assigned intervention units received facilitation (a meeting once a month with facilitator and unit change team). Data were collected on patient outcomes (infants and mothers), contextual factors and staff experiences of the change process. Primary outcome measure was time spent skin-to-skin. In total, 447 infants, 379 mothers and approximately 200 staff participated in the study.
Results: The KMC method was used on all units during the pre-intervention phase. The mean minutes skin-to-skin contact per day and per infant over whole hospital stay varied from 65 to 115 minutes across units. During the intervention phase, mean minutes skin-to-skin per day and per infant increased on all units (21 to 41 minutes, 24% to 55%) and continued to increase during post-intervention phase at one intervention (30%) and one control unit (16%). Focus group interviews with staff confirmed high activity in changing care practices on the two intervention units and one of the control units.
Conclusion: In this study facilitation appeared not to be an instrumental factor in the implementation of KMC guidelines. Surprisingly, the KMC guidelines in themselves generated changes of care practices. Contextual factors, preferably mothers' possibilities of continuous presence at the neonatal unit, seemed to be of utmost importance for using the KMC method.
Key words: KMC guidelines, trial, facilitation, contextual factors

Abstract13

EARLIER DISCHARGE OF PREMATURE BABIES USING KANGAROO MOTHER CARE INTERVENTION
Introduction. Overcrowding at Chris Hani Baragwanath Hospital is a major problem. The bed occupancy in the medium and high care wards is usually more than 150%. Full time Kangaroo Mother Care (KMC) was introduced to the unit in 2002 but without earlier discharge would not solve the problem of overcrowding.
Objectives. To establish the safety of discharging infants weighing between 1500g to 1649g using KMC and to assess the feasibility of ambulatory KMC in our setting.
Methods. This was a pilot study. Thirty infants weighing between 1500 and 1649g and were eligible for early discharge were enrolled into the study. They were compared to 30 similar infants admitted to the ward during the same time period and were discharged at the routine weight of 1650g. They were followed up weekly till term or 4-6weeks.
Results. Thirty mother infant mother pairs were enrolled into the study and completed followup.

The infants in the study had a mean gestational age of 31weeks and birth weight of 1255g. The mean discharge weight was 1574g. The babies discharged early had a significantly shorter stay as compared with controls. Two patients died both weighing more than 2kg at the time of demise. Four readmissions were recorded with the study patients which were unlikely to be related to early discharge.
Discussion. The study demonstrated that babies discharged early had normal growth. There was a significant number of mothers breastfeeding their babies. Early discharge with ambulatory KMC is safe in our setting. Other implications from the study are as a result of a shortened hospital admission there are reduced costs for the hospital and a reduction in the exposure to hospital infections.

Abstract14

KANGAROO MOTHER CARE DIFFUSION IN VIETNAM

Objective

Kangaroo Mother Care (KMC) method is well known by many benefits for neonates particularly for low birth weight (LBW) infants in the world and in Vietnam. KMC diffusion is also concerned by Ministry of Health as one of the main directions for improving quality of newborn care in Vietnam. Therefore the purpose of this study is to describe the training process and preliminary result of KMC implementation in order to increase the knowledge about appropriate training programs for further implementing a safe and successful Kangaroo Mother Care in a situation with limited resources for health care such as the situation in Vietnam.

.Result

1. Training process: Firstly, two teams from two center hospitals (Uongbi general hospital in the North and Obstetric and Gynecological hospital – Tudu hospital in the South) were trained KMC practice in Bogota, Colombia in 1996 – 1997 and implemented KMC practices successful. Secondly, the national KMC workshop was held in one of two KMC centers (Uongbi hospital) in 1999. After that 14 teams from 14 center or provincial hospitals were trained KMC practice by both center hospitals. Seven teams from 7 general center/provincial hospitals were trained 2 weeks in Uongbi hospital and 1 week in Tudu hospital. Seven teams from 7 OBGY hospitals were trained 2 weeks in Tudu hospital and 1 week in Uongbi hospital. Later, the second national workshop was held in Tudu hospital one years after the last team trained (2003), aiming to discuss the advantages, disadvantages and the solutions in implementing KMC for their institutions.

2. Preliminary results of KMC diffusion: all 14 have been implementing KMC in their institutions with several different purposes: instead of incubators: 2 hospitals; reduce the over patients: 10 hospitals, exchange with incubators: 4 hospitals and give humanization: 14 hospitals. However, they also have many difficulties/obstacles during implementation of KMC such as lack of convenience places for mothers (bathroom, comfortable beds); low rate of followed-up infants; record all KMC data and KMC research.

Conclusion

The diffusion of kangaroo mother care is more concerning and acceptation now for newborn care management in Vietnam. Therefore these experiences are very useful for KMC training in National program “Save Motherhood and Newborn Care” that have just started from 2004.

Abstract 15

EARLY KANGAROO MOTHER CARE VS. CONVENTIONAL METHOD IN STABILIZING LOW BIRTH WEIGHT INFANT: PHYSIOLOGIC PARAMETERS (PRELIMINARY REPORT)

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Objective. Kangaroo Mother Care (KMC) has been accepted as an effective method in nursing low birth weight infant (LBWI). However, the application of this method in the early life of infants has not been studied in Indonesia. The aim of the study was to evaluate some physiologic parameters of LBWI treated with early KMC compared to conventional method.

Methods. This was a randomized clinical-trial, which compared early KMC to conventional methods in stabilizing LBWI in the first 4 hours in life. All LBWI (birth weight 1,500-2,499 g) born at Cipto Mangunkusumo Hospital and Budi Kemuliaan Maternity Hospital, Jakarta were recruited consecutively in the period of November 2001 until March 2002. The inclusion criteria were spontaneous delivery, APGAR scores 1st and 5th minute 3 7, and parental consent.
Results. Sixty-four subjects distributed evenly into early KMC group and control group. One subject in the KMC group and three subjects in the control group were excluded due to respiratory distress. The mean birth weight was 2,091 (SD 299.4)) g in the KMC group and 2,184 (SD 214.9) g in the control group. The mean gestational age in both groups was 35.6 (SD3.0) weeks. There were no statistical differences in mean temperature (p=0.281), heart rate (p=0.956), and respiratory rate (p=0.898) between the two groups during the first four hours of life. We found a larger proportion of infants reaching the temperature of 36.5oC in the KMC group, especially at one hour 949% vs. 7%); the difference of proportion was 0.42 (95% CI 0.22;0.61).
Conclusion: Early KC method is proved to be as safe as conventional methods in stabilizing healthy LBW.
Keywords: Kangaraoo Mother Care, Stabilization of LBWI

Abstract 16

PSYCHOLOGICAL IMPACT OF KANGAROO MOTHER CARE ON MOTHER-INFANT BONDING IN PRETERM DELIVERY

Aim. With respect to full-term babies, premature infants represent a different type of social partner as a consequence, the establishment of mother-infant relationship can be negatively affected (Kreisler, 1977; Mc Gehee & Eckerman, 1983).
The aim of this study is to check Kangaroo Mother Care efficacy in 1) reducing emotional maternal stress, 2) improving the quality of mother-child interaction, 3) improving prospective cognitive capacity in the child. Moreover, we wish to verify if 4) specific personal traits are present in women who chose the Kangaroo care procedure.
Method. The sample was recruited from two neonatal intensive care wards, in one the Kangaroo Care method was available, in the second one such method was not implemented. 82 dyads were considered, 40 using Kangaroo Care and 42 with Traditional Care. The enrolment criteria were: a) birth-weight less than 1800g; b) absence of major congenital malformations; c) availability of parents; and d) physiological stability of both infant and mother. Randomized trial was not considered given potential ethical problems. Parental anxiety was measured with the Parent Stress Index questionnaire (Abidin, 1975) applied at the infant's birth and discharge. The quality of mother-premature newborn interaction was measured by the Nursing Child Assessment Feeding Scale (Barnard, 1975) at infant's discharge, and the mother's personality was assessed by the Gordon Personal –Profile (GPP).
Results. Interestingly, no differences were found in the personal characteristics of the two mothers' groups (GPP) indicating that the other psychological results could not be attributed to a difference in personal characteristics.
Parental distress Index questionnaire indicated a statistically significant lower level of stress in the target group: Total scale ($F=5.582$; $p< 0.02$) and subscales Parental Distress ($F=6.12$; $p< 0.01$), Parent Child Dysfunctional Interaction ($F=5.582$; $p< 0.02$), Defensive Responding ($F=5.537$; $p<0,02$). The Nursing Child Assessment Feeding Scale showed statistically different results in the general quality of interaction ($F=6.43$; $p<0,01$), for the child's socio-emotional growth ($F=6.19$; $p<0.01$), child's cognitive development ($F=8.38$; $p<0.005$),the parent's clarity in the child's care ($F=8.110$; $p<0.01$) and the parent's sensitivity ($F=15,746$; $p<0.0001$).
The data support the positive effect of Kangaroo care procedure in the mother-child relationship and its efficacy in reducing parental stress.

Abstract 17

LOW AMBIENT AND MATERNAL BODY TEMPERATURES IN RURAL INDIAN HOMES INFLUENCES STRATEGY TO IMPLEMENT COMMUNITY-BASED KMC

Aim: To evaluate ambient temperature and body temperature of mothers and newborns in the community in Uttar Pradesh, India, and the implications for design of interventions to address neonatal hypothermia through KMC.

Materials and Methods: Pregnant mothers were identified in the community, and on day 1 or 2 after delivery, ambient temperature, and axillary maternal and newborn temperature were determined in the home from January through July 2004.

Results: Rates of hypothermia (temperature < 36.5C) among newborns were 69% (285/411) in winter (January-March), 17% (47/275) in summer (April-May), and 27% (54/197) in monsoon season (June-July), based on a single temperature measurement. Seasonal hypothermia rates were not significantly different for low birth weight (< 2500 g) compared to normal weight infants, except in winter 87% (86/99) and 64% (199/312), respectively; [chi square < 0.01]. Mean body temperatures of newborns and mothers were significantly lower ($p<0.01$) in ambient temperatures < 20ºC (35.4Cand 35.7C, respectively, n=153) compared to > 20C(36.7C and 36.3C, respectively, n=730). Among hypothermic newborns (n=386), 32% of their mothers had a lower temperature (range -6.7 to 0.1C, mean difference 1.0 +/- 0.08C).

Conclusions: Hypothermia is highly prevalent among both normal weight and low birth weight newborns in the community in rural India, particularly in winter, and in one-third of cases, lower temperature of the mother than the baby may limit her ability to warm the baby through skin-to-skin contact. Low ambient and maternal temperatures must be considered and addressed in strategies to implement KMC in the community as an effective intervention for newborn thermal control.

Abstract 18

ACCEPTANCE OF COMMUNITY-BASED SKIN-TO-SKIN CARE IN INDIA

Aim: To assess acceptability and identify barriers to introduction of skin-to-skin care (STSC) in the community in Uttar Pradesh, India.

Materials and Methods: A cluster-randomized controlled trial was conducted in a rural population of 104,000, in which over 80% of deliveries take place in the home, outside the reach of the formal health care system. The neonatal mortality rate (54/1000) and other development and demographic parameters are comparable to many rural communities in south Asia. A culturally appropriate community mobilization and behavior change communication program designed to encourage the adoption of STSC was delivered to pregnant mothers, their families and key influential community members in the intervention clusters through community-based workers. Acceptance of STSC was assessed through in-depth interviews and focus groups.

Results: In the interventions villages, 61% (103/158) and 73% (98/133) of mothers in the winter and summer months, respectively, provided STSC to their newborns. No mothers (0/273) gave STSC in the comparison areas. Reasons mothers gave for acceptance of STSC included: it prevents the baby from Thanda bukhar (hypothermia); the baby feels safer and the mother feels more capable of protecting her baby from evil spirits; and the baby is happier, startles less and is more relaxed while listening to the mother's heart beat. There were no perceived adverse effects. Barriers to adoption of STSC in the community included: "pollution" and presence of litar (vernix) on the newborn; potential disturbance of the cord, which some fear may hurt the baby; and weakness and postpartum pain of the mother. During hot summer months, some felt uncomfortable in the position.

Conclusions: STSC is a feasible and promising precursor to Kangaroo Mother Care (KMC) in the community in rural India if addressed through appropriate cultural paradigms. Further evaluation of safety and impact of the practice in the community is warranted.

Abstract 19

AFTER ALL, HOW PERCIEVE THE MOTHERS THE KANGOROO POSITIONS?

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Many advantages can be associated to the kangaroo position as the temperature control of the preterm, the gastroesophageal reflux protection and the maternal-infant relationship improved.
The Humanized Care Norm of the Low-Weight (Kangaroo Method) describes diferent conducts in relation the kangaroo position: in the second stage of the method the time to the position accomplishment is not stipulated, and finally in the third stage the full time accomplishment is preconized.
The health professionals discourse related to the kangaroo position is, many times, ambivalent: hour affirms it's importance, hour minimizes it, believing to be a discomfort to the mothers.
This study had as objective to know the perception of this position for the kangaroo mothers.
Material and Method: by the application of a semi-structured questionnaire, 30 mothers had been interviewed.
the questions had been related to what mothers felt when for the first time they had placed their babies on kangaroo position; to the physical sensation of discomfort or pain in the body; to the domiciliary method continuity; if they had counted with aid for this; to the auto-evaluation of their participation in the method and to the method influences in its relationship with the son.
Results: 84% of mothers evaluated the first contact as positive and 16% as negative.
60% of interviewed not mentioned any discomfort or pain in the body; 40% had mentioned vertebral column pain or profuse perspiration.
80% had received family aid to realize the kangaroo position at home, but 20% not, corresponding to the group that didn't realize the kangaroo position at home.
100% of the interviewed had evaluated as positive their participation in the method, emphasizing it's contribution in the security and relation with the baby.
Conclusion: We evaluated that methodology and kangaroo position had been perceived as positive by the studied group.
Although others factors as the lordosis of the end of the pregnancy, inadequate positions in breast- feeding and stress also contribute for body pain in this period, 60% of the mothers had not reported to pain or discomfort. in the group that reported, had associated this symptom to the kangaroo position. Though elongation techniques have been oriented to Leila Diniz kangaroo mothers, the research points so that others strategies maybe added.
the excessive mother and baby perspiration was associated to a discomfort for both.
in spite of the recognition of the method maintenance necessity after the discharge from hospital, only the group with social support have done it.
pointers as security in the care of baby and aiding the mother -infant relationship, qualitatively, evaluate the interdisciplinary team –work in the ability development and competence in the care of the baby by the family.

Abstract 20
KANGAROO MOTHER CARE: THE ROLE OF HEALTH SERVICES AND FAMILIES NETWORKS FOR A SUCCESSFUL PROGRAM.
The Kangaroo Mother Care (KMC) provides many benefits to low birth weight babies. Family's active participation in the care of these infants right from their birth favors nursing and strengthens bonding.
This study was intended to increase the knowledge on the effect of hospital and family conditions on the implementation of KMC. Fourteen women and seven men taking part in the Kangaroo Mother Care Program of Itapecerica da Serra's General Hospital (São Paulo) were thoroughly interviewed.
The respondents' statements are focused on KMC implementation decision-making process, which not only depends on the mothers' will, but also on the support provided by her family network and understanding health care teams. Despite the mothers perceived the importance of this method for their infants' recovery, personal and family dilemmas and problems may prevent them from taking active part in this program.
Interaction of factors such as previous stillborn child, the presence of other children, the

involvement of the father and other family members, and household management may establish patterns that may or may not be favorable when choosing and implementing KMC.

Abstract 21

IMPLEMENTATION OF KANGAROO MOTHER CARE (KMC) IN SÃO PAULO STATE – A RARE EXAMPLE OF A PROCESS EVALUATION.

As known, the internationally recognized KMC provides the low-birth weight neonate an adequate body temperature, bonding and breastfeeding initiation through a mother-infant skin-to-skin contact. In Brazil, the KMC policy is implemented in 3 steps: the first step in the Neonatal Intensive Care Unit; the second step – in the Rooming-in ward and the third step – at home, with outpatient care. Objectives: to analyze the process of implementation of the KMC policy in hospitals with public beds in São Paulo, identifying obstacles, strategies to overcome the constraints and ways to facilitate the implementation. Methods: a survey of 44 hospitals, whose teams were trained in KMC by Minister of Health till 2002, was carried out through mailing questionnaires. Results: we got data from 28 hospitals: 22 implemented the first step; 19 the second step; and 16 implemented the third step. Hospitals that are Baby-friendly and have Human Milk Banks showed more possibilities to implement KMC policy, even when just one of these activities was present. The most important obstacles to implement the policy were health professional's resistance and inadequate rooms inside hospital. The multiplication of training of health workers was the most used strategy to overcome difficulties on implementation. As expected, the hospital director had a key role to facilitate the implementation. Conclusions: KMC has been more implemented in São Paulo in-hospitals, but not outside. The fact that the teams were exposed to other activities that enhance humanized health care, such as BFHI and Human Milk Banks, allowed easier ways to implement KMC. Health professional's resistance has to be taken into account when planned to implement KMC, trying to include the hospital director and the trained team to overcome that resistance.

Abstract 22

SUSTAINABLE KANGAROO MOTHER CARE PRACTICE AND RECORD KEEPING – EVIDENCE FROM THREE IMPLEMENTATION OUTREACHES IN SOUTH AFRICA

Aim: To describe findings on the use of records in hospitals covered by the research programme on the implementation of kangaroo mother care (KMC) conducted by the South African MRC Unit for Maternal and Infant Health Care Strategies.

Methods: The programme includes the monitoring of the progress of implementation by means of a progress-monitoring model and instrument, with a special scoring system. The results for the 67 hospitals already scored as part of implementation outreaches in three provinces in South Africa were analysed for the nature of the records used to document KMC practices and the scores each of these hospitals obtained.

Results: The types of records in which hospitals include information on KMC included: collective records for all infants (e.g. ward register, admissions and discharge book); special forms or sheets for each infant in KMC; doctors' or nurses' notes; infants in KMC recorded on midnight return forms (for official statistics); other (road to health card, weight register, etc).

25 hospitals had no records and had a mean score of 9.51 out of a maximum of 30; 23 hospitals had one type of record and a mean score of 15.00; 15 hospitals had 2 types of records and a mean score of 18.43; 3 hospitals had 3 types of records and a mean score of 19.92; 1 hospital had 4 types of records and scored 23.79.

Conclusion: There appears to be a trend that if KMC data are included in more than one type of record, the scoring improves. The nature of documentation and record keeping may influence the prospects of sustainability of a new KMC programme in a hospital. The measurement of the quality of the record keeping needs further investigation.

Key words: KMC implementation; KMC records; KMC audit; sustainability; South Africa

Abstract 23

RECORD KEEPING IN A KANGAROO MOTHER CARE UNIT AND AN ANALYSIS OF THE DATA

Background: A 20-bed kangaroo mother care (KMC) unit was established at Kalafong Hospital, Pretoria, Gauteng Province, South Africa, where continuous and intermittent KMC is practiced. It was opened on 6 July 1999. All infants discharged from the unit were followed up at a clinic, which is held in the unit weekly. A special audit capturing form was developed in order to keep accurate records of the patients cared for in the unit.

Objective: The objective is to discuss the importance of keeping accurate records regarding the practice of KMC and to present results of the data collected over a 5-year period.

Method: All patients admitted to the KMC unit from August 1999 to July 2004 were included. A data sheet was completed for each admission. The same form was used to record follow-up clinic attendances. Data was analysed statistically.

1885 low birth weight infants were admitted to the KMC unit during the 5 years.

The mothers and infants were admitted to the unit for an average of 14 days.

47% of infants admitted to the unit weighed 1500 grams or less.

52% infants were discharged from the unit weighing 1750 grams or less.

16 infants died in the unit during the 5 year period.

116 infants were transferred back to the high care unit with possible sepsis or due to episodes of apnoea.

60 infants who were discharged from the unit had to be readmitted from home due to poor weight gain.

Follow-up clinic attendance rate was 80%

Feeding practices in the unit:

78% infants were breast fed

12 % infants received pasteurised breast milk

10% infants received formula milk

Conclusion: The KMC unit has resulted in an increased capacity of Kalafong Hospital to deal with its increasing number of high-risk low birth weight infants by creating a cost-effective and safe step-down facility for the infants from the neonatal intensive and high care units.

Abstract 24

YOU TEACH US AND WE WILL LEARN," COMMUNITY KANGAROO MOTHER CARE: A QUALITATIVE PILOT STUDY TO EXPLORE TRAINING AND IMPLEMENTATION IN RURAL BANGLADESH

Objectives: To explore what is needed to implement Community Kangaroo Mother Care (CKMC) in a rural setting in Bangladesh and to write a training curriculum for Village Health Volunteers (VHVs) in CKMC.

Methods: A qualitative approach was adopted. The study was carried out in the area served by the Lutheran Aid to Medicine in Bangladesh (LAMB) Project. Four focus group discussions (FGDs) with 36 VHVs, one FGD with 4 Community Midwives (CMs) and three one-to-one interviews with a VHV trainer, a midwife and a paediatrician involved in hospital KMC, were held. The background, previous training and activities of the VHVs were also investigated. Data was transcribed from Bangla tape recordings and then translated in full into English. Simple content analysis was carried out on the English transcripts.

Results: The VHVs have good knowledge of the causes and problems of low birthweight (LBW). However, they only recognise LBW by the baby's appearance. Some had heard of KMC but a common misconception is that mother must lie down while doing KMC. The CMs, whose knowledge of KMC is better, reiterated this misconception. Cultural issues such as evil spirits or mothers' behaviour being responsible for LBW, and the fear that KMC would interfere with mothers' ability to carry out their household duties, came up repeatedly. The VHVs have pride in their role and are confident that villagers will accept KMC if they recommend it. Learning increases their status and they expressed a clear desire to learn about KMC, using practical

training methods.
Conclusion: The VHVs' enthusiasm and the respect they command, make them the ideal people to teach CKMC to mothers and to the family, who need to support the mother. The VHV CKMC curriculum, written as a result of this study, should be implemented at the LAMB Project. It includes the main areas of knowledge in KMC and attitude teaching to help remove cultural barriers. The curriculum uses imaginative and practical learning techniques such as drama, role play and hands-on activities, to overcome the training barrier imposed by the VHVs' illiteracy. Training should also be provided for VHV trainers and CMs. The VHVs' practice and the CKMC programme need to be regularly evaluated. The use of peer educators, community involvement, ongoing support and in-service re-training will aid sustainability.
Key words: Community KMC, Training, Bangladesh, Qualitative

Abstract 25

WAKING UP BABY: BARRIER TO KANGAROO CARE AS AN AID TO BREASTFEEDING

Due to rigorous research on breastfeeding (BF) benefits, more importance is being placed on finding ways to aid the BF process. We studied effects of kangaroo care (KC) given before the next 3 BFs for dyads with BF difficulties at 12 hours postbirth and observed many interruptions to BF dyads. Then frequency of and reasons for interruptions were documented (Morrison).
Although promising, KC was difficult for mothers to do in the context of a busy hospital and personal schedule. We also found that infants took much longer to latch when awakened because they fell asleep again as soon as they were placed in KC. Mothers soon became restless. However, if we awakened the infants and put them to breast, the latch was poor. We gradually realized that BF was very successful (rapid onset, correct and pain-free latch) if infants were placed in KC after self-awakening (when rested, hungry, thirsty, calm, well organized).
However, self-awakening rarely occurred. Because no data were available on how often infants self-awaken, are awakened, or why, we did another study to learn the frequency, during 12 consecutive hours, of infants being awakened or self-awakening and of BF success. The sample was 20 culturally diverse healthy BF dyads.
Mothers and researchers collaborated. Each mother used a pager to notify the researcher when infant sleeping and feeding began and ended. The researcher sat outside the mothers room and recorded these times. After each feeding, the researcher and mother discussed the feeding and awakenings.
Results: Infants were awakened 74% (f = 141) of the time. Top 4 reasons were vital signs; feedings; changing diapers/clothes/linens; and infant assessment. Awakenings were done by hospital staff (62%), mothers (12%), visitors (7%). Infants self-awakened 26% (f = 50) of the time. Average sleep time before self-awakening was 32 minutes.
After infants were awakened, 42 feedings occurred: 2% (1) formula, 69% (29) exclusive BF, 5% (2) mixed feedings, and 24% (10) unsuccessful BF attempts. When self-awakened, 24 BFs occurred: no formula or mixed feedings, 88% (21) exclusive BF, and 12% (3) attempts. Mothers rated BF success on a 10 cm scale: 6.2 after being awakened and 8.3 after self-awakening.
Conclusion: More successful and exclusive BFs occurred after self-awakening. However, new questions arose. Why didnt infants sleep longer before self-awakening? Did infants ever complete a sleep cycle? Is 30 minutes enough? How long is a complete sleep cycle for newborns?

Abstract 26

KNOWLEDGE, ATTITUDE AND PRACTICE OF KANGAROO MOTHER CARE AMONG NIGERIAN PAEDIATRICIANS AND DOCTORS

Background: Hospital-based data from Nigeria highlight that low birth weight (LBW) in addition to birth asphyxia, severe infections and respiratory disorders account for the commonest causes of neonatal morbidity and mortality. Hypothermia is a major cause of illness and death in these LBW infants. Whereas in industrialised countries advances in technology with availability of incubators and radiant warmers have markedly improved the survival of these neonates the

situation is not so true for developing nations like Nigeria. Kangaroo Mother Care (KMC) has been studied and documented as an alternative to minimal care units in industrialised nations as well as an appropriate and affordable yet high quality alternative technology easily implemented in hospitals of low-income countries. This study was thus designed to assess the knowledge, attitudes and practices of the primary caregivers of these neonates in secondary and tertiary institutions across the nation.
Objectives: To assess the knowledge, attitude and practice of paediatricians and other doctors involved in the care of preterm/low birth weight infants
Design: A questionnaire based knowledge, attitude and practice observational study.
Subjects: All registering medical doctors participating at the 33rd Scientific and Annual General Meeting of the Paediatric Association of Nigeria held in January 2003.
Main Outcome Measures: Level of knowledge about KMC, its practice and attitudes of the responding doctors as well as differences in knowledge between specialist and resident doctors in paediatrics.
Results: About half of the doctors who registered at the conference responded. Majority (95%) worked in public health institutions with over 90% providing tertiary care. Forty two percent of the respondents had graduated from medical school within the past ten years, 29% within the past 20 years and 19% within the past 30years. More than a quarter of the respondents had specialist training in Neonatology whilst only 4% were general practitioners with no specialist training in Paediatrics. Only doctors who had had some training in neonatology showed significantly better knowledge on KMC. Most of the professionals had a positive attitude to KMC and there was no significant difference between general practitioners, trainee paediatricians and consultants. Though a significant proportion of the specialists were willing to practice KMC if trained, at the time of the study, almost all (99%) had never practiced KMC or taught their students about KMC.
Conclusion: Amongst Nigerian paediatricians and doctors providing care for neonates in secondary and tertiary level health institutions, knowledge about KMC is limited to those with post graduate training. Of those with knowledge, a greater proportion was willing to offer KMC to their patients if adequately trained on the technique. Thus, training on KMC is imperative if the technique is to be put to use in Nigeria where it is desperately needed given the status of health care facilities and the number of low birth weights encountered annually. The preliminary data from this study inspired the first training workshop on KMC in Nigeria.

Abstract 27

MOTHER-PREMATURE INFANT SKIN-TO-SKIN CONTACT HEALTH AGENTS´ KNOWLEDGE AND DIFFICULTIES IN IMPLEMENTATION

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Objectives: To identify favourable factors and interferences in an intensive care neonatal unit health team in relation to a mother-infant skin-to-skin program. To evaluate parents´ perception concerning the experience, and include the rationality of the non-invasive intervention in a teaching program for Medical Residents and Nurses. Very low birth weight (VLBW) infants need intensive care for their survival, therefore they are exposed to nocioceptive stimulii, prolonged hospitalization periods and separation from their families.
Methods: Subjects: 30 VLBW infants born in Sarda Maternity hospital, with gestational age 27-34 weeks, birth weight 750-1500 grams, older than 3 days and requiring less than 30% FIO2 or in intermittent mandatory ventilation, without malformations. An opinion survey of the health team before the beginning of the protocol, and 4 focus groups to evaluate parents´ perceptions during the experience were carried out.
Results: 96% of the health agents know the intervention and consider it beneficial but 52% referred to having some form of difficulty in their performance, this was mostly among Medical Doctors (58%). Medical Residents recieved this information from the Staff (73%) and Nurses

from other colleagues (39%) or through medical orders (32%). Medical Doctors demand more information on the subject and nurses emphasize the need for better organization in the intervention.
In the four focus groups mothers define the experience as positive and gave suggestions about time,duration,and facilities of the interventions.
Conclusions:In the implementation of mother-preterm infant skin-to-skin programs the importance of teaching actions must be recognized.This must focus on Medical Residents, Nurses working in neonatal intensive care units. This learning process allows the acceptance and applicability of the intervention. Mothers uniformly considered the program special for them and for their children.
Keys words: Skin to skin contact,Premature infant, Mother/Premature Bonding

Abstract 28

SKIN-TO-SKIN CONTACT ANALGESIA FOR PRETERM INFANT HEEL STICK
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Objective: The purpose of the study was to compare premature infant physiologic and behavioral pain responses to a heel stick conducted during skin-to-skin contact with the mother to that in an incubator.
Method: 24 premature infants in a University-based NICU were recruited and randomized to two sequences: Sequence A group received three hours of skin-to-skin contact with a heel stick in skin-to-skin followed by three hours in an incubator with a heel stick in the incubator. Sequence B group had incubator care and heel stick before skin contact care and heel stick. Heart rate, respiratory rate, oxygen saturation, crying time and behavioral state were measured before, during, and after heel stick. Repeated measures ANOVA and Mann Whitney U statistics were performed.
Results: Heart rate and crying responses to pain were significantly reduced during skin-to-skin contact heel stick as compared to incubator care heel stick. Three infants did not cry at all during the skin contact heel stick. Infants slept more during skin-to-skin contact than in the incubator.
Conclusion: Skin-to-skin positioning before and during a heel stick is a simple and inexpensive intervention to ameliorate pain in medically stable premature infants.
Key words: Pain, premature infant, skin-to-skin contact, heel stick, analgesia

Abstract 29

THE DEVELOPMENT OF TEMPERAMENT IN CHILDREN OF EARLY AGE LBW BORN AFTER THE TRADITIONAL AND KANGAROO CARE
The temperament could be considered as the interactive model of behavior, which is the product of interrelationship between biology features and factors of microenvironment. The temperament determines the realization of the human biology potential as well.
The purpose is to define the role of temperament peculiarities in different methods of care, as one of the causes of deviant behavior and developmental retardation.
Methods. The evaluation of temperament was performed in 110 LBW infants aged 0-12 months with moderate neurology disorders due to hypoxic damages in central nervous system. The two versions of questionnaires (Early Infancy Temperament Questionnaire for infants aged 0-4 m. and Infancy Temperament Questionnaire for children aged 5-12 m.) were compiled with the data of clinical observation. I group was created by 50 LBWI (BW 1200-2000 g) after the routine care. 60 LBWI (BW 1250-2050 g) after KMC started within 3-14 days composed the II group, among them 35 were early discharged to home and 25 infants who were transferred for rehabilitation in Kangaroo position.
Results. In 36 infants (72 %) of I group the signs of “hard temperament” have been found out at the age of 1-4 months and have been retained in 25 infants (50 %) at the age of 5-12 months.

The signs were: extreme negativism, arrhythmic behavior, low adaptation, high intensivity, low threshold of irritation. In the KMC cohort the signs of “hard temperament” have been diagnosed in 28 (46,6 %) infants and 14 (23,3 %) correspondingly.
Conclusion. KMC as the background for the new approaches for developmental optimization could be recommended as one of the progressive ways for prophylactics of behavioral disorders in LBWI and bonding the diad “mother-child”.
Key words: the temperament, the behavior, KMC

Abstract 30

ANÁLISE DESCRITIVA DO DESENVOLVIMENTO DE RECÉM-NASCIDOS PREMATUROS QUE PARTICIPARAM DO PROGRAMA MÉTODO MÃE-CANGURU

Objetivo: revisão da aplicação da “Assistência Humanizada ao RN de Baixo Peso – Método Mãe-Canguru” e descrição do desenvolvimento motor dos RNs prematuros e suas possíveis correlações; na perspectiva do Método Mãe-Canguru (MMC) aplicado como intervenção psicossocial e de desenvolvimento.
Métodos: Participaram 226 RNs, nascidos entre abril 1999 e abril 2002. Selecionamos os RNs AIG com IG < 35 sem. que permaneceram no programa de forma integral por pelo menos 3 dias e seguiram em acompanhamento por no mínimo cinco meses. Foram excluídos RN sindrômicos ou com BDP, malformações, comprometimento neurológico e óbitos após a alta hospitalar (2,6%). Restaram 70 cças com idades entre 5 e 34 meses com : IG média de 32,5 sem. (27,7-34,5), PN médio de 1.565g (1.050-2.295), Apgar médio no 5o min de 8,8 (7-10), 56% do sexo masculino, 22 gemelares, 40% nascidos de parto cesáreo. Foram acompanhados após a alta hospitalar até 3.000g e posteriormente no Ambulatório de Desenvolvimento.
Resultados: A média de ganho de peso/dia foi de 17g/dia no MMC e 32g/dia na fase ambulatorial. Registramos 8,6% de reinternações na 2a fase do programa, em função de apnéia. O início de SME foi com IG média de 35,3 sem. e idade média de 18,8 dias. A alta hosp. foi com idade média de 29 dias e peso médio de 1.734g. A amamentação na alta hosp.: 85,7% SME; 2,9% SM e leite materno ordenhado (oferecido no copinho) e 11,4% SM+fórmula. O número de consultas ambulatoriais variou de 2 a 15, e o tempo médio de seguimento foi de 52 dias. Os resultados do USTF foram: 92,5% normais e 7,5% alterados. Quanto ao desenvolvimento: 85,7% exame normal e 14,3% com alterações motoras (4,2% paralisia cerebral, 5,8% atraso motor e 4,3% alt. tônicas transitórias). A resolução de 42,8% das alterações motoras inicialmente identificadas para 14,3% na revisão final de arquivo foi atribuída às alterações motoras transitórias. Essas alterações são freqüentes em RN prematuros e não têm valor prognóstico, porém reforçam a necessidade de acompanhamento de longo prazo.
Conclusões: O MMC não está associado a aumento de risco de mortalidade ou morbidade; os riscos são inerentes à condição de prematuridade e independem da forma de manejo neonatal. O MMC pode ser considerado instrumento facilitador do vínculo mãe-bebê e da amamentação, atuando simultâneamente como intervenção psicossocial e de desenvolvimento.

ANEXO 2
PÓSTERES

1. GOMES NELLY FABIOLA;NELLY FABIOLA PADILLA GOMES;ANANDRA REZENDE;ELISABETH AMARES A. GUSMÃO;LUCIANA FAES;ANA CLAUDIA ZAMITT;LAURA DE FÁTIMA AFONSO DIAS

   INFLUÊNCIA DA INTERNAÇÃO DO BEBÊ PREMATURO NA UNIDADE DE TRATAMENTO INTENSIVO NEONATAL NO COTIDIANO FAMILIAR

Este estudo teve como objetivos conhecer a compreensão das mulheres acerca do cuidado mãe canguru por elas realizado e elucidar as contradições entre a realidade vivida pela mulher e a sua percepção acerca de sua disponibilidade para realizar o cuidado mãe canguru. Caracteriza-se como um estudo qualitativo, descritivo-exploratório, tendo como cenário um hospital filantrópico de Belo Horizonte que adota como missão a humanização da assistência e possui experiência com a realização do cuidado mãe canguru. Os sujeitos da pesquisa foram 15 mulheres que estavam na Unidade de Cuidado mãe canguru com seu filho, no período de 25/03/01 a 14/06/01. Utilizou-se como instrumento para a coleta de dados a entrevista semi-estruturada e a observação. O tratamento dos dados foi orientado por FIORIN (1998). Os resultados revelaram as dimensões do ser mulher-mãe/mãe canguru, do qual fazem parte múltiplos sentimentos no processo de adaptação da mãe ao seu filho prematuro e de dedicação ao cuidado mãe canguru. Os resultados sinalizam os caminhos para a atuação dos profissionais na assistência à mulher-mãe/mãe canguru e seu filho no atendimento às suas demandas, tornando o cuidado mãe canguru efetivo e prazeroso para mãe e filho.

2. GOMES NELLY FABIOLA;NELLY FABIOLA PADILLA GOMES;ANANDRA REZENDE;ELISABETH AMARES A. GUSMÃO;LUCIANA FAES;ANA CLAUDIA ZAMITT;LAURA DE FÁTIMA AFONSO DIAS PREMATURIDADE EXTREMA E UNIDADE DE TRATAMENTO INTENSIVO NEONATAL: ASPECTOS PSICOAFETIVOS DOS PAIS

Introdução: Segundo Winnicott (1960/1983) o bebê ao nascer não estaria constituído psiquicamente como uma unidade, demanda do ambiente, preferencialmente a mãe - que teria as condições mais adequadas para essa função -, a continência capaz de lhe oferecer a experiência de sentir-se com um contorno, o que aos poucos faria com que se tornasse um indivíduo.
Objetivo: O presente estudo tem por finalidade demonstrar traços da relação da mãe com seu bebê prematuro, observados a partir de entrevistas realizadas durante a internação em Unidade Neonatal. Este estudo é parte constituinte do projeto: “Diagnóstico da Evolução de Recém-nascidos prematuros no HMCL, antes e após a implantação da Atenção Humanizada ao Recém-nascido de Baixo Peso – Método-Mãe-Canguru (MMC)”
Metodologia: Foram utilizados dois grupos de díades mãe-bebê. Todos os bebês necessitaram ser separados de suas mães após o nascimento ficando inicialmente sob cuidados da equipe hospitalar. O presente estudo foi realizado nos dias anteriores a alta.
No grupo I a mãe tinha a possibilidade de permanecer durante o período diurno com seus bebês e quando possível poderiam amamentar. No Grupo II, após a implantação da assistência humanizada, as mães que aceitavam participar do programa, poderiam permanecer no hospital com seu bebê em período integral em alojamento canguru, se ocupando de todo o cuidado com o recém-nascido e em amamentação exclusiva, quando possível. Com todas as díades foram realizadas entrevistas por psicólogas. As entrevistas foram filmadas, com o intuito de observar a qualidade de vínculo estabelecida entre as mães e seus bebês. Os dados observados foram analisados a partir do referencial teórico psicanalítico.
Resultados: Observou-se que no Grupo II, as mães demonstravam uma maior interação com seu bebê do que o Grupo I.

Conclusão: Concluiu-se que a possibilidade da mãe permanecer junto com seu bebê em tempo integral antes da alta hospitalar pode reduzir os efeitos desorganizadores na dinâmica da diáde mãe-bebê, com menor comprometimento do exercício da maternagem.

3. SELMA MA DA COSTA;EDILMA BARBOSA;SELMA MARIA COSTA;GLAUCE LOPES CASTELLO;SIMONE HOLZER;NERLI PASCOAL ANDREASSA;MARISA DA MATTA APRILE ALEITAMENTO MATERNO VERSUS INTERNAÇÃO HOSPITALAR E DOMICILIAR NA ATENÇÃO HUMANIZADA AO RECÉM-NASCIDO PRÉ-TERMO DE BAIXO PESO

OBJETIVO: Estudar as situações vivenciadas pelos pais de recém-mascidos prematuros internados na Unidade de Terapia Intensiva (UTI) Neonatal e sua influência no cotidiano familiar.
MÉTODOS: Foi utilizada uma abordagem qualitativa através de entrevista semi-estruturada, realizada em 10 casais com filhos prematuros internados em uma UTI Neonatal privada da cidade de Campos dos Goitacazes- RJ, nascidos entre janeiro e julho de 2004. Foi realizada uma revisão do tema nos últimos 10 anos e posteriormente estabelecido um diálogo entre los autores e os dados obtidos mediante análise do discurso dos pais.
RESULTADOS: Foram identificadas situações de grande stress emocional, negação do evento e alguns sentimentos de culpa. Quanto à dinâmica familiar o prematuro pode representar um elo de união do casal ou um objeto de discórdia familiar.
CONCLUSÕES: A prematuridade representa um evento carregado de grande desconforto emocional com repercussão na união conjugal e alteração da dinâmica familiar, conseqüência do sentimento de angustia presente no lar. Sugere-se uma abordagem multidisciplinar na assistência destes bebês.

4. ALINE R. MILTERSTEINER;LUCAS DALLE MOLLE;NEWRA TELLECHEA ROTTA ESTUDO DA FREQÜÊNCIA DA VISITAÇÃO DIÁRIA DAS MÃES E TEMPO DE INTERNAÇÃO EM UTI NEONATAL: ACOMPANHAMENTO DE BEBÊS PRÉ-TERMOS E DE BAIXO PESO SUBMETIDOS À POSIÇÃO MÃE-CANGURU UCS E ULBRA

OBJETIVO: Analisar a percepção dos pais a respeito da prematuridade extrema de seu filho e o ambiente da Unidade de Tratamento Intensivo (UTI) neonatal, reconhecendo aspectos que facilitem uma abordagem mais humanizada na assistência a estes recém-nascidos.
MÉTODOS: Foi utilizada uma metodologia qualitativa através de entrevista semi-estruturada, realizada em cinco casais com filhos prematuros extremos internados em uma UTI Neonatal privada da cidade de Campos dos Goitacazes- RJ, nascidos entre janeiro e julho de 2004. Foi realizada uma revisão do tema nos últimos 10 anos e posteriormente estabelecido um diálogo entre los autores e os dados obtidos mediante análise do discurso dos pais.
RESULTADOS: O estudo revelou a existência de situações relacionadas com medo, angustia e insegurança ante um filho em formação, frágil, imprevisível e não responsivo e ante o ambiente tenso e aparentemente hostil da UTI neonatal. Por outro lado se evidenciaram sentimentos de choque, negação, tristeza e finalmente aceitação da condição de prematuridade extrema do bebê.
CONCLUSÕES: A equipe cuidadora do bebê, deve ser conscientizada a respeito das emoções dos pais sobre o filho prematuro extremo e o ambiente da UTI neonatal. Este representa um momento de reflexão e análise quanto às relações que a equipe estabelece com a família do bebê. Constitui-se assim, uma oportunidade para construir um olhar diferenciado e mais humano sobre estes bebês no contexto da UTI neonatal.

5. ALINE R. MILTERSTEINER;LUCAS DALLE MOLLE;NEWRA TELLECHEA ROTTA

A HUMANIZAÇÃO DO ATENDIMENTO NA UNIDADE DE TRATAMENTO INTENSIVO NEONATAL: ANÁLISE DO TEMPO DE INTERNAÇÃO HOSPITALAR DE BEBÊS PRÉ-TERMOS SUBMETIDOS À POSIÇÃO MÃE-CANGURU UCS E ULBRA

Objetivo

Analisar se a Atenção Humanizada domiciliar possui características semelhantes a Atenção Humanizada hospitalar, em relação ao aleitamento materno.

Método

Estudo retrospectivo, sendo analisados 456 prontuários de RNPT que participaram do AH de janeiro de 2000 a dezembro de 2003. As variáveis avaliadas foram: peso nascimento, idade gestacional, horas em posição canguru (contato pele a pele), ganho de peso, dias de internação, tipo de alimentação e mortalidade.

Resultado

Quanto ao peso de nascimento, 9% tinham de 500 a 999 gr, 24% de 1.000 a 1.499 gr, 53% de 1.500 a 1.999 gr e 14% de 2.000 a 2.5000 gr. Com média de 1.255 gr (desvio padrão de 60 gr). Idade gestacional de nascimento foi de 33 semanas (desvio padrão de 3 dias), com tempo de permanência em posição canguru de 19,5 horas (desvio padrão de 1,42 horas).

O peso de entrada no AH foi de 1.402 gr (desvio padrão de 39 gr), com ganho médio de 25 gr/dia. Tempo médio de internação de 14,5 dias. A alimentação foi de leite materno exclusivo em 88%, leite materno misto 10% e leite industrializado 2%. Mortalidade dos RNPT que estavam no AH foi de 1,3%.

Resultados

Ao compararmos o RNPT na internação hospitalar e domiciliar observou-se um padrão semelhante, sendo necessário refletir sobre a importância da alta precoce em suas outras vantagens, como: a diminuição do risco de infecção, a inserção mais precoce deste RN à sua família, o fortalecimento do vínculo e uma significativa predominância do aleitamento materno.

6. ALINE R. MILTERSTEINER;LUCAS DALLE MOLLE;NEWRA TELLECHEA ROTTA OBSERVAÇÃO DAS POSIÇÕES MÃE-CANGURU E PRONA E SEUS EFEITOS SOBRE AS RESPOSTAS FISIOLÓGICAS NO TRATAMENTO DE BEBÊS PRÉ-TERMOS DE BAIXO PESO UCS E ULBRA

O Método Mãe-Canguru é uma alternativa de assistência aos bebês pré-termos e consiste no contato pele-a-pele entre mãe e filho. O bebê permanece junto ao seio materno recebendo leite materno, carinho e calor. O objetivo deste estudo foi comparar o tempo de internação hospitalar dos pré-termos e o número de visitas diárias das mães entre os bebês assistidos na Posição Mãe-Canguru e na incubadora. Foi conduzido um ensaio clínico randomizado, no período de março a novembro de 2003; na Unidade de Tratamento Intensivo Neonatal do Hospital da Criança Conceição, em Porto Alegre. RS. Foram estudados 30 bebês, semoutra doença concomitante, ventilando esponeamente e clinicamente estáveis, com peso igual ou inferior a 2.000 gramas, com idade gestacional entre 24 e 37 semanas, distribuídos em 15 bebês para o grupo Canguru (Posição Mãe-Canguru) por uma hora e 15 bebês para o grupo Controle (psoição prona na incubadora), observados pelo mesmo período de tempo. Em ambos os grupos registrou-se o tempo de internação hospitalar e a visitação diária das mães. A observação, a intervenção e os registros foram realizados diariamente até a alta hospitalar. Considerou-se estatisticamente significante um valor de P menor ou igual a 0,05. A média de idade no momento da inclusão no estudo foi 22,3 dias no grupo Canguru e 13,7 dias no grupo Controle, com diferença estatisticamente significante (P=0,05). A observação, a intervenção e os registros foram realizados diariamente até a alta hospitalar. O número de dias de internação hospitalar não apresentou diferença com relevância estatística entre os dois grupos (P=0,13): grupo Canguru apresentou média de 12,5 (EP ± 2) dias e o grupo Controle apresentou média de 14,1 (EP ± 2,1) dias. Houve aumento com diferença
estatisticamente significante nas visitas das mães (P<0,01); os grupos Canguru e Controle,

obtiveram média de percentuais de visitas de 94,4% e 67,6%, respectivamente. Conclui-se que a Posição Mãe-Canguru promoveu aumento no número de visitas das mães.

7. LAMONICA, C S;CECILIA LAMONICA RECURSO DE INTEGRAÇÃO SENSORIAL INSERIDO AO MÉTODO CANGURU

A Posição Mãe-Canguru é um dos componentes do Método Mãe-Canguru e consiste no posicionamento vertical e em prona do bebê pré-termo junto ao seio materno, em contato pele-a-pele,
recebendo leite materno, carinho e calor. O Ministério da Saúde no Brasil recomenda esta prática como forma de humanizar o atendimento nas Unidades de Tratamento Intensivo Neonatal. O objetivo deste estudo foi analisar o tempo de internação hospitalar dos bebês submetidos à Posição Mãe-Canguru ou a
Posição Prona na incubadora. Foram estudados 35 bebês recém-nascidos pré-termos e de baixo peso, em ventilação espontânea, de ambos os sexos, sem outras doenças; provenientes da Unidade de Tratamento Intensivo Neonatal do Hospital Geral de Caxias do Sul, RS. Os pacientes foram distribuídos em dois grupos: Posição Mãe-Canguru (Grupo Canguru) e Posição Prona (Grupo Controle)
para um ensaio clínico randomizado, estratificado pelo peso de nascimento. Os recém-nascidos foram submetidos à Posição Mãe-Canguru ou à Posição Prona, no período de uma hora, diariamente, durante sete dias, consecutivamente. O tempo de internação hospitalar na Unidade de Tratamento Intensivo
Neonatal foi registrado (em dias) diariamente até a alta hospitalar. Para análise estatística foram utilizados os testes t de Student e de Kaplan-Meier, considerado como estatisticamente significante
$P < 0,05$. Foram alocados 17 bebês no grupo Canguru e 18 bebês no grupo Controle, sendo que dezoito bebês pertenceram ao sexo masculino (51,4%) e desses, 9 constituíram o grupo Canguru. Os bebês apresentaram média de idade gestacional de 32 semanas ($P<0,728$), média de idade no momento da inclusão no estudo de 22 (EP ± 10,9) e 20 (EP ± 11; $P<0,469$) dias, médias de peso ao nascimento de 1578g (EP ± 299,5) e 1539g (EP ± 316,8; $P<0,710$), médias de peso no momento da inclusão no estudo de 1745g (EP ± 44,3) e 1733g (EP ± 51,7; $P<0,469$), nos grupos Canguru e Controle, respectivamente, sem significância estatística entre os grupos. O tempo de internação hospitalar (em dias) do grupo Canguru mostrou diferença estatisticamente significante ($P=0,004$), apresentando média de 8,04 dias (EP ± 1,01) em comparação ao grupo Controle com 10,11 dias (EP ± 1,94). Concluiu-se que os bebês recém-nascidos e pré-termos que realizaram a Posição Mãe-Canguru apresentaram menor período de tempo de internação hospitalar (em dias), em comparação aqueles da posição Prona na incubadora, tendo alta hospitalar em média dois dias antes do grupo Controle.

8. GONÇALVES,C.M.R.M.;ANA TERESA DELPOIO;CLAUDIA M. R. MARTINS GONÇALVE;MARISA DA MATTA APRILE;LUCINÉIA CORTES MODESAVALIAÇÃO DO DESENVOLVIMENTO NEUROPSICOMOTOR, ALEITAMENTO MATERNO E VÍNCULO AFETIVO DE PREMATUROS, QUE PARTICIPARAM DO MÉTODO CANGURU ATENÇÃO HUMANIZADA, NO HOSPITAL MUNICIPAL UNIVERSITÁRIO DE SÃO BERNARDO DO CAMPO

Como componente do Método Mãe-Canguru, a Posição Mãe-Canguru consiste no pré-termo junto ao seio materno, em contato pele-a-pele, em posição vertical, recebendo calor, carinho e aleitamento materno de forma ilimitada. Miltersteiner e colaboradores (Rev Bras Saúde Mat Infant; 2003:447-56)
verificaram estabilidade nas respostas fisiológicas durante a Posição Mãe-Canguru no período de uma hora de observação. A continuação desta pesquisa com a aplicação da Posição Mãe-Canguru nesses bebês e a comparação àqueles assistidos em incubadoras foi a motivação para este estudo. O objetivo foi analisar os efeitos das posições Mãe-Canguru e Prona por meio da medida da freqüência respiratória (FR), freqüência cardíaca (FC), saturação periférica

de oxigênio (SpO2) e temperatura axilar (TA) em neonatos. Foram estudados 35 recém-nascidos pré-termos de baixo peso, em ventilação espontânea, de ambos os sexos, sem outras doenças, na UTI Neonatal do Hospital Geral de Caxias do Sul, RS. Os pacientes foram distribuídos em dois grupos: Canguru (Posição Mãe-Canguru) e Controle (Posição Prona na incubadora) para um ensaio clínico randomizado, estratificado pelo peso de nascimento. Os pré-termos foram submetidos à Posição Mãe-Canguru ou à Posição Prona, no período de uma hora, diariamente, durante sete dias, consecutivamente. Os dados foram registrados no primeiro
minuto (T01), aos trinta (T30) e aos sessenta minutos (T60) de observação. Para análise estatística foram utilizados os testes de Qui-quadrado e t de Student. Foi estabelecido valor de $P < 0,05$ como significante. Foram alocados 17 bebês no grupo Canguru e 18 bebês no grupo Controle, sendo que dezoito bebês pertenceram ao sexo masculino (51,4%) e desses, 9 constituíram o grupo Canguru. Os neonatos apresentaram média de idade gestacional de 32 semanas, média de idade no momento da inclusão no estudo de 22 e 20 dias, médias de peso ao nascimento de 1578g e 1539g e médias de peso na inclusão no estudo de 1745g e 1733g, nos grupos Canguru e Controle, respectivamente. A comparação das médias das respostas fisiológicas foram: FR e FC nos grupos Canguru e Controle em
T01, T30 e T60, sem diferença estatística significante; SpO2 e TA com médias do grupo Canguru superiores ao Controle com significância estatística nas aferições dos tempos T30 e T60 ($P= 0,04$ e $P= 0,005$ - SpO2; $P= 0,004$ e $P=0,00001$ - TA). Concluiu-se que os bebês pré-termos submetidos à Posição Mãe-Canguru, no período de uma hora de observação, no curso de uma semana, apresentaram respostas fisiológicas semelhantes ao grupo Controle.

9. ALVES.,N.B;NATALY BARBOSA ALVES;SUZANA CUNHA VITURI;MARILUCI P. DE C. LABEGALINI;LETÍCIA MAYUMI HAYAKAWA;FERNANDA Mº M. DOS SANTOS;ALBERTO SANTIAGO TOMÉ RELATO DE EXPERIËNCIA: AMBULATÓRIO MÃE CANGURU DO HOSPITAL UNIVERSITÁRIO DE MARINGÁ-PR-BRASIL

Um Recurso da Integração Sensorial, “Rede de Lycra”, Inserido ao Método Canguru
Experiência realizada no Instituto Municipal da Mulher Fernando Magalhães – IMMFM – Rio de Janeiro – RJ
Cecília S. Lamonica - Terapeuta Ocupacional
Introdução
O uso da “Rede de Lycra” é uma alternativa de posicionamento sustentador de desenvolvimento sensório-motor à posição Canguru, para ser utilizada nos períodos em que a mãe/pai necessitar se ausentar, como pro exemplo para seu cuidado próprio de higiene, alimentação, etc.
Objetivo:
Favorecer mobilidade corporal ao RNPT por apresentar características de tônus baixo (hipotonia) e impossibilidade de vencer a ação da gravidade.
Favorecer a entrada do padrão flexor com conseqüente alongamento da cadeia muscular posterior, evitando futuros encurtamentos e fixações que são verificadas inicialmente no 1º bloco (cervical e cintura escapular) que interferirão na exploração do próprio corpo, auto consolo, auto organização, exploração mão-boca, vivenciar o estágio da linha média assim como também poderá interferir na aquisição das etapas do desenvolvimento sensório-motor futuro.
Alternativa à posição mãe-canguru (prono), possibilitando vivenciar as posturas supino e lateral.
Favorecer “inputs” sensoriais tátil, proprioceptivo e vestibular.
Método – Material
Foi realizado um estudo transversal nos anos de 2002 e 2003 e observacionista. Os resultados foram baseados em relatos da equipe multiprofissional (Assistentes Sociais, Enfermeiros e Auxiliares, Fonoaudiólogos, Fisioterapeutas, Médicos, Nutricionistas, Psicólogos e Terapeutas Ocupacionais) e em especial relatos (verbais e por escrito) das mães cujos filhos fizeram uso

do referido equipamento.
Conclusão:
Observamos o aumento da qualidade da mobilidade espontânea, maior tempo em linha média, refino do uso do padrão flexor, facilitação da exploração mão-boca e padrões de movimentos mais maduros.
Os neurocientistas europeus e americanos como Joseph Le Doux comprovam que as estruturas cerebrais essenciais para a formação de memória consciente não funcionam nos dois primeiros anos de vida. As vivências desse período não ficam registradas no cérebro, mas no corpo, conforme Freud 1923: “O Eu é acima de tudo corporal.”

10. DITTZ, ERIKA;ELYSÂNGELA DITTZ DUARTE;ROSENI ROSÂNGELA DE SENAAGORA EU ME SINTO COMO UMA MÃE DE MUITO TEMPO": A MULHER QUE REALIZA O CUIDADO MÃE CANGURU

Avaliação do Desenvolvimento Neuropsicomotor, Aleitamento Materno e vinculo afetivo de prematuros, que participaram do Método Canguru Atenção Humanizada, no Hospital Municipal Universitário de São Bernardo do Campo
O objetivo desse trabalho foi avaliar o desenvolvimento neuropsicomotor, Aleitamento materno e vínculo afetivo de prematuros nascidos no Hospital Municipal entre maio de 2000 à dezembro de 2001, que participaram do Método Canguru.
O universo avaliado foi de 74 crianças com idade entre 2 anos a 3 anos e meio, 83% das crianças nasceram com peso abaixo de 1.500grs e permaneceram internados por até 90 dias.
A avaliação foi realizada por meio dos testes de Denver e Gesell, utilizando brinquedos de encaixe, bolas, figuras de animais e objetos, giz de cera colorido e música.
Realizou-se também, entrevista diretiva com a mãe, observação da criança no ambiente lúdico e a relação entre a díade, orientações e encaminhamentos para outras especialidades, quando necessário.
Verificou-se que 20% das crianças apresentaram atraso no Desenvolvimento neuropsicomotor, sendo 50% com distúrbios de fala e linguagem e 50% com disturbios motor, fala e linguagem .
Pudemos concluir que 99% das crianças receberam atenção intensa de suas mães, formando um bom vínculo afetivo; 89% foram amamentadas, pelo menos até 6 meses de idade e 80% demonstraram estar se desenvolvendo dentro do padrão esperado para a sua idade.

11. ALMEIDA H;CRISTIANE DA SILVA GERALDO FOL;DENISE DE SOUSA FELICIANO MONT;AUDREY SETTON LOPES DE SOUZA ;HONORINA DE ALMEIDA ;SONIA ISOYAMA VENANCIO;DAISUKE ONUKE ATENÇÃO HUMANIZADA AO RECÉM-NASCIDO DE BAIXO PESO – MMC COMO FACILITADOR PARA O ESTABELECIMENTO DE VÍNCULO ENTRE A DÍADE MÃE-BEBÊ PREMATURO – UM ESTUDO EXPLORATÓRIO INSTITUTO DA SAÚDE-SES/SP; JICA; SMS/SP

O ambulatório Mãe Canguru do Hospital Universitário de Maringá iniciou suas atividades em Junho de 2004 com a finalidade de acompanhar os recém-nascidos prematuros que fizeram parte da primeira e segunda etapa do Método mãe Canguru durante o período de internamento na unidade de tratamento intensivo e semi-intensivo neonatal, realizando assim a terceira etapa do método. As crianças prematuras recebem alta hospitalar com peso médio de 1800 gramas e são acompanhadas pelo ambulatório semanalmente até atingirem 2500 gramas, a partir deste peso, são avaliadas quinzenalmente ou mensalmente até receberem alta para a ambulatório da pediatria, que se dá quando atingem peso em torno de 4000 gramas. Estas crianças são referidas para serviços especializados conforme a necessidade de cada um. Dispomos em nosso hospital de ambulatório de cardiopediatria e de neuropediatria. Serviços como fisioterapia, fonoaudiologia e oftamologia são atendidos através da Secretaria Municipal de Saúde. Foram atendidas no período de junho a setembro de 2004 oito crianças, das quais, 87,5% residem fora do município de Maringá, dificultando as visitas domiciliares e a alta precoce. Nota-se que 62,5% destas nasceram com idade gestacional inferior a 30 semanas e com peso entre 1000-1500 gramas; 87,5% permaneceram internados entre 30 e 60 dias, e 75%

utilizaram ventilação mecânica como suporte ventilatório. Quanto ao perfil das mães ressaltam-se dois aspectos: 50% das mães possuem idade inferior a 19 anos caracterizando gestação na adolescência e quanto à escolaridade metade delas não concluíram o ensino fundamental. No seguimento ambulatorial, verifica-se que 75% das crianças permanecem em aleitamento materno exclusivo e os 25% restantes em aleitamento materno parcial. O ganho ponderal diário foi de 20 a 30 gramas em 50% delas e superior a 30 gramas nos outros 50%. Verifica-se portanto, que o ambulatório do método canguru tem contribuído para manutenção do aleitamento materno exclusivo refletindo no desenvolvimento das crianças prematuras, no momento em que os profissionais que acompanham estes bebês já os conhecem e sabem identificar suas necessidades individuais. As mães sentem-se mais tranqüilas ao levarem seus filhos para casa, pois sabem que possuem uma referência em caso de dificuldades no período pós-alta. Concluímos que embora pequena nossa experiência é o primeiro passo para o acompanhamento adequado dos recém-nascidos prematuros tentando diminuir os riscos dos quais já foram expostos E identificando situações que possam ser tratadas para um melhor desenvolvimento.

12. ELIAS,C. F.;CARMEN LUCIA LEAL F. ELIAS;LUIZ FERNANDO TURA;IVANI BURSZTYN;INÊS G. SANTOS PERCEPÇÕES MATERNAS SOBRE A SAÚDE DE BEBÊS PREMATUROS: DA INFORMAÇÃO AO CUIDADO

Os recém-nascidos podem permanecer internados em unidades por um longo período e a visita dos pais pode ser limitada pela distância da residência ao hospital, pelo rigor em protocolos para visitantes entre outros fatores. A incubadora torna-se uma barreira física adicional por semanas ou meses. Sendo assim, grande a preocupação sobre as conseqüências psicológicas da separação prolongada entre bebês e mães.
O objetivo do estudo foi compreender, por meio das falas das mães, como elas valorizam e dão sentido à saúde de seus bebês.
Partimos de um estudo exploratório inicial cuja metodologia consistiu na aplicação de duas entrevistas a 20 mães de bebês internados nas unidades neonatais do IMMFM; a primeira foi realizada durante o período de permanência na unidade canguru acompanhando o seu bebê, e a segunda foi realizada com as mesmas mulheres, após a alta hospitalar, no momento da última consulta no ambulatório canguru.O período do estudo aconteceu no primeiro trimestre de 2003. Os dados coletados foram submetidos à técnica de análise de conteúdo à luz de Bardin (1977)
As características da população estuda foram (valores medianos): idade materna de 22 anos(13-43),idade gestacional de 34 semanas(27-36),peso de 1200g (780-1770) e tempo de internação na Unidade Canguru de 7,5 dias (2-21).Quanto ao tipo de parto 57% vaginal, 43% cesárea e na alta 72% dos prematuros estavam em aleitamento materno exclusivo. Observou-se que muitas mães perdem-se no caminho entre a informação e a ação no tocante ao cuidado: embora exista unanimidade entre as entrevistadas ao apontar o leite materno como o alimento mais importante para o bebê, elas julgam que amamentar é uma escravidão (20%) e com facilidade tendem para o desmame; a necessidade imperante de introduzir a chupeta (55%) é uma realidade. Outro aspecto diz respeito aos questionamentos no exercício das ações, isto ocorreu com a técnica em relação aos cuidados com o bebê, evidenciando-se que as mães, mesmo com segurança na execução, necessitam de estímulo para dar prosseguimento ao cuidado individualizado. Um bom exemplo foi a referência frente ao cuidado com a saúde bucal, na qual a adesão passou de 100% para 15%.
Frente a estes achados pretendemos continuar essa pesquisa apoiada na Teoria das Representações Sociais(TRS) de Moscovici, aprofundando a investigação acerca dos sentidos construídos por essas mães a respeito da prematuridade, explorando saberes, modelos de pensamentos, imagens, crenças e práticas relativas ao objeto. Nesse sentido pretendemos utilizar uma abordagem estrutural da TRS por enfocar a estrutura e organização das representações, o que nos proporcionará a partir de uma compreensão do saber pré-existente,

subsídios para repensar a nossa prática, e a partir daí, adequar as ações, com o intuito de motivar os indivíduos a agir, respeitando suas particularidades.

13. EDILAINE;FABRICIA ADRIANA MAZZO NEVES;EDILAINE APARECIDA FREITAS;GIORDANA MARONEZZI SILVA;IRAMAIA C.LABEGALINI;VANESSA THALITA R. AMADEU;JUCÉLIA L. DOS SANTOS OLIVEIRA ESTRATÉGIA DE APOIO E PROMOÇÃO DA SAÚDE DE BEBÊS BAIXO PESO E/OU PREMATUROS: REUNÃO CANGURU

O nascimento, na maioria das vezes, é permeado por expectativas e sonhos positivos, de um bebê 'idealizado', embora deflagre situação de adaptação da rotina familiar, com importantes aspectos emocionais, para os pais, irmãos e bebês. Em casos de prematuridade, quando ocorre separação, parcial e temporária, deste bebê de sua mãe / familiar para recebimento dos cuidados em ambiente de Unidade de Terapia Intensiva Neonatal (UTIN), a família depara-se com um conflito de culpas, frustrações e impotência muito grandes. Esta situação de não permanência integral das mães em unidades intensivas neonatais e pediátricas, ainda é bastante comum no Brasil. A hospitalização em UTIN tem se tornado menos estressante e traumática para a família e bebê à medida que são implementadas ações estratégicas de humanização da assistência, como o Método Canguru, em uso no Hospital Universitário de Maringá, Paraná, Brasil, desde janeiro de 2002. A constatação de benefícios evidentes para mãe, bebê, equipe de saúde, hospital e sociedade, além da consciência da essencialidade da participação familiar nos cuidados, para assegurar a continuidade dos mesmos após a alta, leva a enfermagem implementar reuniões semanais com os pais e familiares do bebê prematuro. O presente trabalho é o relato desta experiência da equipe responsável pelas Reuniões Canguru: desde a implementação dos grupos, sua importância, a percepção do processo de troca de informações entre familiares e equipe, descrição dos objetivos propostos, interação entre profissionais e família, benefícios familiares, sociais e para o cuidado. São distribuídos convites aos pais, dos recém-nascidos internados, com reforço individual da data, horário e local da reunião. A reunião acontece com a equipe de enfermagem, atuante no turno de trabalho, e acadêmicos. Há apresentação de cada participante, com esclarecimento dos objetivos da reunião. As dinâmicas permitem aos pais compartilharem seus sentimentos, mediante experiências vividas no âmbito familiar. As dúvidas no cuidado são esclarecidas à medida do interesse da família; é abordada a importância do vínculo, do período de internação, da realização do Método Canguru, do leite materno, tudo respeitando o nível de entendimento das famílias.

14. DITTZ, ERIKA;ERIKA DA SILVA DITTZ;ELYSÂNGELA DITTZ DUARTE;LÉLIA MARIA MADEIRA ALOJAMENTO MATERNO: UMA ESTRATÉGIA PARA O CUIDADO CENTRADO NA FAMÍLIA

Considerando a complexidade tecnológica utilizada para o tratamento e a manutenção da vida dos recém-nascidos internados em Unidade de Terapia Intensiva Neonatal (UTIN) e a necessidade de ampliar o foco para uma assistência integral e humanizada, o Alojamento Materno configura-se como uma estratégia de inclusão da mãe nos cuidados do seu filho e consiste em uma forma de apoio institucional para a mãe e seus familiares.
O Hospital Sofia Feldman, especializado na assistência à mulher e ao recém-nascido vem disponibilizando desde 2002, o Alojamento Materno destinado à permanência das mulheres que têm seus filhos internados em UTIN ; repercutindo de forma positiva na assistência.
O presente estudo tem como objetivo apresentar e discutir a experiência do Hospital Sofia Feldman com a assistência oferecida às mães de recém-nascidos internados na UTIN que permanecem no Alojamento Materno.
O Alojamento Materno se constitui em uma iniciativa inovadora uma vez que mesmo sendo o recém-nascido o foco da assistência, torna-se possível ampliá-la à mulher/família e ainda, a aproximação dos cuidadores com a família favorece a criação da rede social de proteção para

o recém-nascido.
No transcurso do tempo, tem sido possível constatar seus benefícios para a criança/mãe/família, com impactos positivos em vários aspectos, desde a manutenção do aleitamento materno, a participação ativa da família no tratamento do recém-nascido, na menor taxa de permanência da criança, até a possibilidade de promoção da saúde mental da mãe/família. Tudo isso, tem indicado a necessidade de aperfeiçoamento desta experiência,visando, não só sua ampliação e melhoria no âmbito da instituição, mas também na perspectiva de sua multiplicação em outras instituições, como uma experiênica positiva de humanização da assistência.

15. ELIAS,C. F.;CARMEN LUCIA LEAL F. ELIAS;INÊS G. SANTOS;ANDREIA B. PEIXOTO;MARIA CATARINA MANSO GRUPO DE PAIS EM UNIDADES NEONATAIS: VIVENCIANDO O COTIDIANO

Introdução: para os familiares de um recém-nascido prematuro ou doente, a internação acarreta desequilíbrio na dinâmica familiar, sendo esta experiência dolorosa e estressante para todos que vivem ao redor do recém-nascido. Há necessidade de esforços interdisciplinares para diminuírem as barreiras frente a uma hospitalização.
Objetivo: relatar o trabalho com um grupo de pais em unidades neonatais para o favorecimento do estabelecimento adequado da relação inicial pais-bebê-equipe.
Material e métodos: foi realizado um estudo observacional e transversal, no qual um grupo operativo com freqüência de reunião semanal, local e duração preestabelecidos, no período de janeiro 2002 a junho de 2003. Os encontros aconteciam com a equipe (grupo canguru) e os pais, sendo a coordenação em forma de rodízio entre a equipe, os quais agiam como matriz de apoio. A coleta de informações foi através de relatos arquivados do grupo. Em média participavam 15 pais (DP=±5.1) por grupo.
Resultados: após análise não paramétrica dos relatórios estudados, as categorias mais freqüentes foram: a incerteza da vida, a culpa dos pais, a situação de impotência frente a equipe e ao recém-nascido, decepção em não levar o seu filho para casa e dúvidas das condições clinicas de seu filho.
O grupo canguru percebeu as seguintes posições: a necessidade de ajudar na participação das famílias junto ao bebê para promover o cuidado; incentivar para o uso do aleitamento exclusivo; orientar o método canguru e a importância de continuar vivenciando o cotidiano dos pais frente às situações do dia-a-dia.

16. CUSTÓDIO,Z.A.O.;ZAIRA AP. DE OLIVEIRA CUSTÓDIO;MARIA APARECIDA CREPALDI;ELISÂNGELA BÖING KANGAROO MOTHER METHOD´S FIRST STEP: EXPERIENCES FROM THE PREMATURE NEWBORN BABY´S FAMILIES IN THE MATERNITY FROM HOSPITAL UNIVERSITARIO/UFSC

This work intends to evaluate the experience of the premature newborn babies' family while under the assistance offered by the first step of the Kangaroo Mother method, evaluate the impact of this step on the emotional mother's conditions, investigate the mother's thoughts about the prematurity and the baby's development, inquire the assistance network that the families currently have and also evaluate the quality of this assistance. This research analyzed 8 premature babies' mothers. To support this work, some semi-structure interviews were performed, considering different moments of the hospitalization. Also, a Likert scale was employed, in order to evaluate the environment from Neonatal UTI and the clinical procedures done at this place. Finally, a qualitative (content categorized thematic analysis) and a quantitative analysis of the scale took place. The results showed some changes in the mother's conception about the prematury and the baby's development during the method first step, converting this conception from an initial negative impact to a positive one. Indeed, even when the mothers already know about the prematurity, they wanted your babies bigger; as a result,

they had worries, scares, sadness, panic, apprehension and anguish when facing the size and the baby's health conditions. Since the childbirth, the mothers were gradually oriented and motivated to give milk through gavage or syringe, make the cleanliness, and measure the body temperature. This way, in a few time they were taking most of the care procedures by themselves. During this process, they reported the development of a competence, security and hope feeling. All mothers demonstrated to have strong knowledge about the clinical status of their babies. The assistance was positively assessed by all mothers, who welcomed all the given information and explanations. The scale results showed the procedures regarding to the environment, clinical procedures and the baby care and handling (followed by the medical staff according to the method), were correctly accomplished, except by the "wake-up procedure" issue, according to the most of the mothers. The involvement of the mothers with caring their babies had a great positive impact in their emotional conditions, as seen in their thoughts about prematurity and babies' development. Additionally, they reported to have developed security and satisfaction feelings, once they're able to take care of their babies by their selves, even when they don't have any material/emotional support from their husband or relatives.
Key Words: Prematurity; Kangaroo Care; Internation

17. CECI MENEZES;CECI MENDONÇA DE MENEZES;ARNALDO COSTA BUENO AUMENTO DA PREVALENCIA DO ALEITAMENTO MATERNO EXCLUSIVO EM BEBÊS PREMATUROS INSERIDOS NO PROGRAMA CANGURU

OBJETIVO - Avaliar a repercussão do Método Canguru sobre o aleitamento materno em recém nascidos prematuros inseridos no Programa Canguru no momento da alta hospitalar e na alta da 3ª etapa do Método.
MATERIAL E MÉTODO - Estudo coorte retrospectivo do tipo de alimentação no momento da alta hospitalar e da 3ª etapa do Método Canguru. A população estudada foi composta de todos os recém-nascidos prematuros que passaram pelo Alojamento Canguru do Hospital Maternidade Oswaldo Nazareth entre janeiro de 2000 a dezembro de 2001. Os tipos de dieta relatados foram seio materno exclusivo (SME), seio materno complementar (seio materno + fórmula) e fórmula (leite artificial).
RESULTADO - Da população estudada (117 recém-nascidos) ,no momento da alta, 88 (75,2%) alimentava~se com SME; 26 (22,3%) com seio materno complementar e 3 (2,5%) com fórmula. No segundo momento analisado (alta da 3ª etapa) o número de pacientes em SME aumentou para 91 (77,8%); 24 (20,5%) alimentava-se com seio materno complementar e 2 (1,7%) com fórmula.
CONCLUSÃO - O Método Canguru, permitindo a permanencia do bebê prematuro junto à sua mãe mais precocemente, é um grande incentivador do aleitamento materno. O contato pele a pele com o seu bebê faz com que a mãe aumente a sua produção de leite, além do atendimento multiprofissional orientador facilitar o aleitamento materno exclusivo que já provou ser cientificamente o melhor tipo de alimentação para qualquer recém-nascido, principalmente se ele for prematuro. A observação dos dados deste trabalho corrobora que o Método Canguru influi positivamente sobre o Aleitamento Materno, aumentando a frequencia de Aleitamento Materno Exclusivo. Concluimos que um dos objetivos do Método Canguru ("estímulo ao aleitamento materno favorecendo maior frequencia, precocidade e duração"- Manual Tecnico do Método mãe Canguru - MS/2002) foi atingido satisfatoriamente.

18. ALMEIDA H;CARLA V. VILELA BUENO NHANI;ADRIANA ALVES MARTINS DA SILVA;,MARIA TERESA CERA SANCHES;HONORINA DE ALMEIDA;SONIA ISOYAMA VENANCIO;DAISUKE ONUKI PROTOCOLO DE AVALIAÇÃO DA MAMADA DE RECÉM-NASCIDO DE BAIXO PESO AO NASCER – ABORDAGEM FONOAUDIOLÓGICA INSTITUTO DA SAÚDE-SES/SP; JICA; SMS/SP

A amamentação oferece inúmeras vantagens para a saúde e desenvolvimento do bebê prematuro. No entanto devido as suas condições iniciais de vida, podem surgir dificuldades no

manejo da mamada (posicionamento, pega e adequação dos reflexos orais) que interferem na eficiência da mesma e influenciarão no ganho de peso, crescimento global e vínculo mãe-bebê, dificultando o estabelecimento da amamentação levando ao desmame precoce.
Assim otimizando o processo de amamentação desses bebês, funções orais e reflexos devem ser monitorados.É importante que haja um profissional, preferencialmente fonoaudiólogo, habilitado para observação da mamada e para identificação de alterações do funcionamento oral no início do processo de amamentação. Esse acompanhamento permite um diagnóstico correto das dificuldades iniciais da amamentação e possibilita estabelecer um programa de habilitação facilitando o aprendizado da técnica correta.
OBJETIVO: Apresentar um protocolo de avaliação fonoaudiológica em amamentação. Este integra o projeto: "Diagnóstico da Evolução de Recém-nascidos prematuros/baixo peso em um hospital de nível terciário na cidade de São Paulo, antes e após a implantação da Atenção Humanizada ao Recém-nascido de Baixo Peso – Método-Mãe-Canguru (MMC)/Projeto Hospital Amigo da Família".
Metodologia: Avaliou-se 22 díades mãe-bebê, cujos pais aceitarem participar do projeto, sendo: RN com peso de nascimento inferior a 2000gramas (ou que atinjam peso inferior à 2000g no decorrer da internação), assistidos na Unidade Neonatal por no mínimo sete dias, que receberem alta no período de 01/02/2004 a 31/03/2004. A avaliação foi realizada no período antecedente a alta hospitalar.
O protocolo utilizado baseou-se no "Formulário de Observação da Mamada" (OMS/UNICEF, 1995) e no (Fomulário de Observação Fonoaudiológica da Amamentação – Fonoamament, 2002), incluindo: identificação do recém-nascido, análise do ambiente (ruído, luminosidade e acomodação), queixas maternas de amamentação, testagem da sucção não-nutritiva, aspectos de prontidão para mamada (observação das mamas e avaliação estrutural do sistema oral, estado de consciência, organização global, reflexos orais, número de sucção/pausa do recém-nascido) e avaliação fonaudiológica da mamada (postura RN/mãe, pega, sucção, ritmo de sucção, duração, término).
Resultados: As avaliações da mamada evidenciaram: 99,1% apresentaram posicionamento inadequado; 97,3% pega inadequada; 92,3% inadequação dos reflexos orais. Os 22 bebês da amostra obtiveram alta em aleitamento misto, com complementação de fórmula Láctea via copinho, em média de 35ml.
A literatura refere que através da observação detalhada da mamada é possível realizar-se a detecção precoce dos pares mães/recém-nascidos de risco para problemas iniciais na amamentação. Acreditamos que a partir da implantação do Método-Mãe-Canguru cuja abordagem é facilitadora para a formação do vínculo mãe-bebê, a prática do aleitamento materno será favorecida pela presença constante da mãe, possibilitando intervir positivamente nesse processo corrigindo as dificuldades encontradas

19. ELIAS,C. F.;CARMEN LUCIA LEAL F. ELIAS;LUIZ FERNANDO TURA;IVANI BURSZTYN;DIVALDO FERREIRA SILVA MÉTODO CANGURU: UMA ANÁLISE CRÍTICA

O Método Canguru (MC) pertence ao contexto de atenção humanizada e tem como uma das ações a melhoria das práticas de atenção nos cuidados com a mãe e o bebê.
O objetivo deste estudo foi o de descrever os recém-nascidos (RN) submetidos ao MC.
Foram avaliados 452 recém-nascidos prematuros (RNPT) , nascidos no IMMFM no período de janeiro de 2001 a dezembro de 2003. O estudo foi realizado em uma maternidade pública do município do Rio de Janeiro, a qual iniciou suas atividades no MC em outubro de 1998. A coleta de dados foi obtida em planilha do serviço para cadastramento dos RN que participam do MC. Os resultados foram tabulados através do programa estatístico EPI-info 2000.
Dos 452 RN estudados, 248 (55 %) eram do sexo feminino e 204 (45%) do sexo masculino. O peso médio do nascimento foi de 1.200g (DP=±321g) e a idade gestacional média foi de 30 semanas(DP=± 2) e a posição canguru foi adotada em média com 20,2 dias de vida (DP=±

11,5). A primeira mamada ao seio aconteceu em um tempo médio de 21,2 dias (DP=± 11,5). A freqüência do aleitamento materno por ocasião da alta hospitalar foi de 72%.
Nós concluímos que entre os bebês submetidos ao Método Canguru, mesmo sendo a frequência da amamentação da razão de 72%, o tempo médio da primeira mamada ao seio materno ainda permaneceu tardio.
Considearaçãoes finais: o Método Canguru é de fácil implantação e tem boa aceitação entre os familiares dos bebês de risco e baixo peso. Cada serviço deve ter uma missão e avaliações específicas, porém sem perder o primordial: o cuidado com o bebê, a família e a equipe.

20. OLIVEIRA, C.A.;MARIA REGINA FIGUEIREDO CARINO;ROSEANE GONZALEZ TORRES;BIANCA ANDREA PEREIRA DA SILVA;CRISTIANE ALVES DE OLIVEIRA;RITA GUÉRIOS BORNIA;JOFFRE AMIM JUNIOR PROGRAMA MÃE-CANGURU NA MATERNIDADE-ESCOLA DA UNIVERSIDADE FEDERAL DO RIO DE JANEIRO. ESTUDO DESCRITIVO DA SEGUNDA ETAPA DO MÉTODO.

Objetivo
Descrever os resultados da segunda etapa do Método Mãe-Canguru (Enfermaria de alojamento conjunto) na Maternidade Escola da Universidade Federal do Rio de Janeiro, desde sua implantação, em 01 de agosto de 2000, até 31 de agosto de 2004.
Material e Método
Estudo descritivo onde foram investigadas retrospectivamente as crianças internadas no alojamento conjunto (Mãe-Canguru) entre 01 de agosto de 2000 e 31 de agosto de 2004, totalizando 221 crianças.
· Critérios de inclusão: RN e mãe com critérios de elegibilidade do Ministério da Saúde (MS) para ingresso na 2ª etapa do Método Canguru; peso do RN até 2.000g.
· Critério de exclusão: necessidade de reinternação na unidade de terapia intensiva.
· Variáveis estudadas: idade corrigida do RN na admissão; peso do RN na admissão e na alta hospitalar; tempo de permanência na 2ª etapa; tipo e meio de alimentação na alta hospitalar.
· Critérios de alta: peso do RN mínimo de 1.700g; alimentação exclusiva por via oral; ganho de peso nos últimos três dias.
Resultados
· Foram incluídos no estudo 191 RNs.
· A média da idade corrigida do RN na admissão na 2ª etapa foi 35 semanas e 6 dias (± 2 semanas e 2 dias).
· O peso médio do RN na admissão foi 1.729g (± 142g), e na alta hospitalar foi 1.977g (± 125g).
· O tempo médio de permanência na enfermaria de alojamento conjunto (Mãe-Canguru) foi de 14 dias (± 9 dias).
· Os tipos de alimentação na alta hospitalar foram: leite materno (LM) em 85% dos casos, LM + fórmula em 14% e fórmula em 1%.
· Os meios de oferecimento da alimentação na alta hospitalar foram: seio materno (SM) em 82% dos casos, SM + copo em 16%, SM + chuca em 1% e chuca em 1%.
Conclusão
Os nossos dados sugerem que, a despeito de prolongar o tempo de permanência hospitalar dos RNs, a segunda etapa do Método Mãe-Canguru aumentou significativamente a taxa de aleitamento materno.

21. ALMEIDA H;SONIA ISOYAMA VENANCIO;HONORINA DE ALMEIDA;TERESA S. TOMA;DANIELA ANDRETTO;ADRIANA MARTINS SILVA;MARIA TERESA SANCHES;JANE SZMIT;DAISUKE ONUKI ESTRATÉGIA PARA CAPACITAÇÃO DE PROFISSIONAIS DA ATENÇÃO BÁSICA/PSF PARA O SEGUIMENTO DE BEBÊS DE BAIXO PESO QUE PARTICIPARAM DA ATENÇÃO HUMANIZADA AO RECÉM-

NASCIDO DE BAIXO PESO - MÉTODO MÃE CANGURU INSTITUTO DA SAÚDE-SES/SP; JICA; SMS/SP

O HMCL iniciou em março de 2004 a implantação do MMC. Um estudo "Diagnóstico da Evolução de Recém-nascidos prematuros em um hospital de nível terciário na cidade de São Paulo, antes e após a implantação da Atenção Humanizada ao Recém-nascido de Baixo Peso – Método-Mãe-Canguru" está sendo conduzido para avaliar os resultados dessa iniciativa. Foram avaliados bebês de baixo peso nos aspectos clínicos, neurocomportamentais, amamentação, vínculo mãe-bebê, apoio sóciofamiliar. Após a implantação, iniciou-se nova avaliação de bebês com os mesmo critérios do primeiro grupo. O fortalecimento das relações entre o hospital, as UBS e PSF da região foi proposto. Elaborou-se uma estratégia de capacitação para esses profissionais, voltado ao seguimento de bebês canguru após a alta hospitalar.

Objetivo: Apresentar essa estratégia de capacitação e resultados da avaliação feita pelos profissionais.

Metodologia: O curso, de 16 horas, foi realizado em 14 sessões: contemplando as 3 etapas do método; a gestação, o desenvolvimento intrauterino e o impacto do nascimento prematuro para o bebê e seus pais, a amamentação do bebê prematuro, a rede social de apoio e integração hospital-família-rede básica, patologias mais freqüentes, o desenvolvimento e a estimulação: rotina comentada e atividades da vida diária. O curso foi avaliado pelos participantes com questões sobre: Aquisição de conhecimentos, Alcance das expectativas em relação ao curso, Possibilidade do curso de atender as necessidades práticas na atenção básica, Aplicabilidade dos conhecimentos adquiridos, Organização, Qualidade das aulas práticas e teóricas.

Resultados: Foram capacitados 36 profissionais com atuação em unidades de saúde da região. Para 86% os conhecimentos aumentaram consideravelmente ou muito. 97,50% afirmaram que o curso satisfez suas expectativas dentro ou mais que o esperado. Em relação às necessidades práticas para o seguimento de bebês de baixo peso 94% afirmaram terem aprendido mais ou dentro do necessário. Sobre a aplicabilidade, 97% responderam que os conhecimentos deverão/poderão ser aplicados na atividade prática. Sobre a organização do curso, 80% avaliaram como muito boa/ótima. Quanto às aulas práticas, 91% responderam boas/muito boas/ótimas e em relação às aulas teóricas 87% classificaram-nas como muito boas/ótimas.

Conclusão: o curso mostrou-se adequado, segundo a avaliação dos participantes, para capacitá-los para o acompanhamento dos bebês de baixo peso após a alta hospitalar e pode ser considerado como uma alternativa para o envolvimento de profissionais da atenção básica na terceira etapa do MMC.

22. DR. BARBARA MORRISON, PHD, CNM;DR. BARBARA MORRISON;DR. SUSAN M. LUDINGTON-HOE;DR. GENE CRANSTON ANDERSON;KATHY MORGAN;TINA LEWIS;MARIA, BURKHAMMER;SAKEENAH JOHNSON CREATING A KANGAROO CARE CERTIFICATION COURSE FOR THE US CASE WESTERN RESERVE UNIVERSITY

Certification is used for a variety of reasons, including standardization of practice, acknowledging expertise, or for granting special recognition to providers or institutions. For all these reasons the research teams of Dr. S. Ludington and Dr. Gene Anderson decided to develop a 2-day workshop and training manual to certify nurses, lactation consultants, doulas, and other maternal-infant care providers in kangaroo care (KC). The aims of this educational offering were to 1) provide the history of and scientific evidence for kangaroo care and 2) instruct providers in the correct method of implementing KC. Reported here is the development of the SKIN-TO-SKIN (Kangaroo Care) Program Learner Manual.

Following the model of the South Africa Perinatal Education Program, utilizing the resources of the Kangaroo Care Bibliography maintained by Dr. Ludington, and fashioned after the STABLE Program Learner Manual (a training manual for transport of high-rick neonates), the SKIN-TO-

SKIN Program Learner Manual was born. SKIN-TO-SKIN was used as the mnemonic for titling the sections:
S is for survival
K is for kinder and gentler environment
I is for immunity
N is for nutrition
T is for thermoregulation
O is for other
S is for state
K is for kardiorespiratory
I is for involvement of parents
N is for neurobehaviorial development
and finally, implementation.
Each section starts with objectives that include general guidelines for dafe usage, terminology, and the evidence about strageties to improve the stated outcome. Physiological and research evidence related to KC and the outcome is reviewed. Frequently, the research studies are summarized in a table within the text. The section ends with suggestions for implementing KC in practice. During the presentation content of each section will be summarized and the manual will be shared with all attendees. Additionally, results of pre-course and post-course knowledge using the South Africa Perinatal Education Program test will be reported.
While much useful information is provided in the 2-day workshop, including a hands-on skills lab, the SKIN-TO-SKIN Program Learner Manual provides a reference tool for providers as they return to their work environments and share the information with other members of the mother-infant care team.

23. ALINE MILTERSTEINER;ALINE DA ROSA MILTERSTEINER;CRISTIANE LÜTTJOHAN ;LISANE POLL;LUCAS DALLE MOLLE DAILY WEIGHT GAIN AND DURATION OF HOSPITAL STAY OF PRETERM BABIES ASSISTED WITH KANGAROO MOTHER POSITION

Kangaroo-mother care is a form of skin-to-skin contact between mother and child. It is an alternative fashion of assisting preterm babies. The purpose of this study was to compare the daily weight gain and the duration of hospital stay at the neonatal intensive care unit of babies assisted with Kangaroo mother position or standard care in the incubator. They were studied 30 preterm neonates, spontaneously ventilating, in a randomized clinical trial at the Neonatal Intensive Care Unit of Hospital da Criança
Conceição, Grupo Hospitalar Conceição, RS, Brasil. This sample was distributed in two groups: group 1 (intervention- Kangaroo mother position) and group 2 (control- submitted to prone position at the incubator) and followed both groups during one hour per day until hospital discharge. It was daily recorded the body weight and the total days of hospital stay. Subjects were paired by weight at the inclusion in the study after informed consent for the baby to participate in the study, obtained from the
mother. Data were analyzed using Student t test. Baseline characteristics between group 1 and 2 were birth weight (g): 1479 ± 333 and 1642 ± 229, 0.64 (mean ± standard error, P value); weight at inclusion (g): 1684 ± 198 and 1682 ± 112, 0.22; age at inclusion (days): 22 ± 20 and 14 ± 11, 0.06. Group 1 has
presented a weight gain of 8.2g/baby/day superior to group 2 within 9 pairs of babies and group 2 has achieved a 7.3g/baby/day gain, superior to group 1 within 6 pairs of babies (P=0.20). The duration of hospital stay of the group 1 was 12.5 ± 2 days (mean ± standard error) and group 2: 14.1 ± 2 days (P=0.13). The Kangaroo mother position, compared to incubator standard care, did not improve the daily weight gain as well as the duration of hospital stay in this study.

24. ALINE MILTERSTEINER;ALINE DA ROSA MILTERSTEINER;CRISTIANE LÜTTJOHAN;LISANE POLL;LUCAS DALLE MOLLE KANGAROO MOTHER POSITION AND ITS INFLUENCE ON DAILY VISITING TO BABIES

Kangaroo-mother care is a form of skin-to-skin contact between mother and child. The purpose of this study was to compare the presence of mothers at the neonatal intensive care unit for babies assisted with Kangaroo mother position or placed in the incubator. They were studied 30 preterm newborns, spontaneously ventilating, in a randomized clinical trial at the Neonatal Intensive Care Unit of Hospital da Criança Conceição, Grupo Hospitalar Conceição, RS, Brasil. This sample was distributed in two groups: group 1 (intervention- Kangaroo mother position) and group 2 (control- submitted to prone position at the incubator) and followed both groups during one hour per day until hospital discharge. It was daily recorded the presence of the mothers with their babies in both groups. Subjects were paired by weight at the inclusion in the study after informed consent for the baby to participate in the study, obtained from the mother. Data were analyzed using Student t test. Baseline characteristics between group 1 and 2 were birth weight (g): 1479 ± 333 and 1642 ± 229, 0.64 (mean ± standard error, P value); weight at inclusion (g): 1684 ± 198 and 1682 ± 112, 0.22; age at inclusion (days): 22 ± 20 and 14 ± 11, 0.06. Group 1 has presented a statistical difference on daily presence of mothers with their babies (P=0.01) compared to group 2 (group 1: 94% and group 2: 67% of time of hospital stay). Kangaroo mother position improved the presence of mothers at the neonatal intensive care unit with their children compared to ones with babies assisted in the incubator.

25. ALINE MILTERSTEINER;ALINE DA ROSA MILTERSTEINER;LUCAS DALLE MOLLE;SUZETE MARCHETTO CLAUS;NEWRA TELLECHEA ROTTA PHYSIOLOGICAL RESPONSES IN SPONTANEOUS VENTILATING PRETERM BABIES IN THE KANGAROO MOTHER POSITION AND PRONE POSITION IN THE INCUBATOR

one hour per day throughout one week. Subjects were paired by weight at the inclusion in the study and data were registered in the first minute (T01) to the 30th minute (T30) and from the 30th to the 60th minute (T60), after informed consent for the baby to participate in the study obtained from the mother. Statistical analysis was done with Student t test. Baseline characteristics between group 1 and 2 were birth weight (g): 1578 ± 300 and 1539 ± 317, P=0.71 (mean ± standard error, P value); weight at inclusion in the study (g): 1745 ± 44 and 1733 ± 51, P=0.47; age at inclusion (days): 22 ± 11 and 21 ± 11, P=0.47; mean gestational age in both groups: about 32 weeks (P=0.73). Comparision of mean values of physiological responses has not resulted statistical differences between both groups for all variables at T01 and for heart rate and respiratory frequency at T30 and T60. Increase with statistical significant difference in oxygen saturation at T30 and T60 was demonstrated (P=0.04 and P=0.005 for T30 and T60, respectively), as well as axillary temperature (P=0.004 and P<0.0001 for T30 and T60, respectively), with higher mean values to the group 1. The Kangaroo mother position, compared to prone position, during one hour per day throughout one week, has promoted improvement of physiological responses in preterm babies, within a period of one hour as compared to the same observation period in the prone position in the incubator. These findings reinforce the safety of Kangaroo mother care as described in other published studies.

26. ALINE MILTERSTEINER;ALINE DA ROSA MILTERSTEINER;LUCAS DALLE MOLLE;NEWRA TELLECHEA ROTTA DAILY AND TOTAL WEIGHT GAIN OF PRETERM BABIES ASSISTED WITH KANGAROO MOTHER POSITION OR PRONE POSITION

preterm babies placed in an upright position. The purpose of this study was to evaluate the effect of Kangaroo mother position or standard prone position on daily and total weight gain of neonates. They were studied 35 preterm newborns, spontaneously ventilating, in a randomized clinical trial at the Neonatal Intensive Care Unit of Hospital Geral de Caxias do Sul, RS, Brasil. This sample of patients was distributed in two groups: group 1 (intervention- Kangaroo mother

position) and group 2 (control- submitted to prone position at the incubator) and followed during one hour per day throughout one week. It was daily recorded the body weight until the hospital discharge. Subjects were paired by weight at the inclusion in the study after informed consent for the baby to participate in the study, obtained from the mother. Data were analyzed using Student t test. Baseline characteristics between group 1 and 2 were birth weight (g): 1578 ± 300 and 1539 ± 317, P=0.71 (mean ± standard error, P value); weight at inclusion in the study (g): 1745 ± 44 and 1733 ± 51, P=0.47; age at inclusion (days): 22 ± 11 and 21 ± 11, P=0.47; mean gestational age in both groups: about 32 weeks (P=0.73). Group 1 has presented a weight gain of
30.1g/baby/day and group 2 has achieved a gain of 26.5g/baby/ day (P=0.13). The total weight gain was 234.1g/baby and 236.4 to group 1 and 2, respectively (P=0.82). The Kangaroo mother position, compared to prone position, during one hour per day throughout one-week day, did not improve the daily and total weight gain in this study.

27. ALINE MILTERSTEINER;ALINE DA ROSA MILTERSTEINER;LUCAS DALLE MOLLE;NEWRA TELLECHEA ROTTA DURATION OF HOSPITAL STAY OF PRETERM BABIES ASSISTED WITH KANGAROO MOTHER POSITION

stay at the neonatal intensive care unit of babies assisted with Kangaroo mother position or prone position (as standard care) in the incubator. They were studied 35 preterm newborns, spontaneously ventilating, in a randomized clinical trial at the Neonatal Intensive Care Unit of Hospital Geral de Caxias do Sul, RS, Brasil. This sample was distributed in two groups: group 1 (intervention- Kangaroo mother position) and group 2 (control- submitted to prone position at the incubator) and followed during one hour per day throughout one week. It was recorded the total days of hospital stay in both groups until the discharge. Subjects were paired by weight at the inclusion in the study after informed
consent for the baby to participate in the study, obtained from the mother. Data were analyzed using Student t test and Kaplan-Meier Survival Analysis. Baseline characteristics between group 1 and 2 were birth weight (g): 1578 ± 300 and 1539 ± 317, P=0.71 (mean ± standard error, P value); weight at inclusion in the study (g): 1745 ± 44 and 1733 ± 51, P=0.47; age at inclusion (days): 22 ± 11 and 21 ± 11, P=0.47; mean gestational age in both groups: about 32 weeks (P=0.73). The duration of hospital stay (in days) presented a mean of 8.04 ± 1,01 days (mean ± standard error) to the group 1 and 10.1 ± 1.94 days to the group 2, P=0.004. The Kaplan-Meier Survival Analysis has also resulted in a statistical
difference (P=0.0024) between both groups. The Kangaroo mother position has shortened the duration of hospital stay and resulted in discharge about two days earlier than babies in the prone position.

28. ALINE MILTERSTEINER;ALINE MILTERSTEINER;DIEGO MILTERSTEINER;VIVIANE VIEGAS RECH;SUZETE MARCHETO CLAUS;LUCAS DALLE MOLLE PHYSIOLOGICAL RESPONSES OF THE KANGAROO MOTHER POSITION IN LOW BIRTH WEIGHT, SPONTANEOUS VENTILATING PREMATURE BABIES

Objectives: to determine physiological responses such as heart rate, oxygen saturation, axillary temperature and respiratory frequency in premature babies kept in the Kangaroo Mother Position. Methods: twenty three premature babies with stable hemodynamic conditions, in spontaneous ventilation, and no lung disease, inpatients of the Center of Neonatology of the Hospital Conceição, Porto Alegre, were assigned to the Group I (control group) and Group II (Kangaroo). An intervention study (within subjects design) was used in which babies were their own
controls. Data were registered in the first minute (T01) to the 30th minute (T30) and from the 30th to the 60th minute (T60). Student "t" test was used to compare both groups. Results: patients presented a mean gestational age of 34 weeks, mean weight of 1780 g and median age of 264 hours of life. Increase with statistical significant difference in oxygen saturation at T30 and T60 was demonstrated, as well as heart rate at T30 and axillary temperature a T60,

when comparing Group II to I. Conclusions: The Kangaroo Mother Position promotes improvement of physiological responses in low weight premature children, when procedure is initiated within a period of one hour as compared to the same observation period in the incubator. The Kangaroo Mother Position is safe and possible during physiotherapeutic care.

29. E BECKH-ARNOLD;BECKH-ARNOLD ELAINE;MOKHACHANE M;MOKGOSI L;VELAPHI S;MPHAHLELE R IMPLEMENTATION OF AMBULATORY KANGAROO MOTHER CARE AT CHRIS HANI BARAGWANATH HOSPITAL, SOWETO.GAUTENG HEALTH

Introduction. Chris Hani Baragwanath Hospital(CHBH) is situated in Soweto, a township with a population of more than 2 million. There is a high rate of unemployment and a growing number of informal settlements in this area. The neonatal unit at CHBH has 150 beds with approximately 3500 admissions per annum with a bed occupancy of more than 150%.The unit serves as a referral centre for peripheral hospitals and clinics that send babies that need high care including extremely low birth weight babies. The major causes of mortality and morbidity are perinatal ashyxia, nososcomial infections and perinatal HIV. Necrotisisng enterocolitis is a major problem because of overcrowding and not using breastmilk, even in mothers that are not HIV posistive.
The low care ward at CHBH implementd 24hour Kangaroo Mother Care(KMC) in 2002. Without early discharge KMC did not help to relieve the overcrowding in the wards. A pilot study performed in 2003 demonstrated the safety and feasibility of discharging babies at a lower birth weight.
Whilst the mothers are performing KMC we see this as an opportune time to educate them in various skills to empower them. They are shown an educational video which covers common problems of the newborn. They are also taught how to knit and sew by volunteer staff.
We are still carrying out a study with larger numbers to assess the feasibility and safety which was shown in the pilot study. These babies are monitored weekly then followed up until they reach 40weeks postcoceptual age. During the followup they are seen on a regular basis by doctors, physiotherapists, occupational therapists and speech therapists.
In the poster presentation we will show how patients move through the neonatal unit and the different activities they encounter.

30. KERSTIN HEDBERG NYQVIST;KERSTIN HEDBERG NYQVIST EARLY BREASTFEEDING COMPETENCE IN PRETERM INFANTS UPPSALA UNIVERSITY

Background. In the study unit, a prospective study was made of the development of preterm infants oral motor behavior during breastfeeding, using the Preterm Infant Breastfeeding Behavior Scale (PIBBS) in direct observations by mothers and researchers, and electromyography. These studies demonstrated very early capacity for sucking at the breast, as well as wide individual differences in infants developmental progress in sucking and milk intake. However, in spite of evidence of early competence, restrictive guidelines are common in many settings, partly because of incorrect assumptions about preterm infants developmental capacity.
Objective. To describe a model for breastfeeding support in a Swedish neonatal unit and the breastfeeding progress in a very preterm infant, whose mother received developmentally supportive guidance in interaction and breastfeeding.
Methods and material. A research-based model for breastfeeding support was implemented in the study unit, based on research performed in the study unit and other relevent research, the PIBBS, and the Newborn Individualized Developmental Care and Assessment Program (NIDCAP). A case report of a very preterm infants whose mother was offered breastfeeding support according to the unit support model was made, using chart review. Test-weighing was used for assessment of the infants need of supplementation.
Results. The breastfeeding support model included: Early initiation of breastfeeding, support of the mothers presence in the unit, prolonged skin-to-skin contact, avoidance of restrictions in

breastfeeding timing and duration, modification of the physical environment, the mothers and infants positions, enhancement of the mothers sensitivity to her infants behavioral signs of approach and avoidance according to NIDCAP, the application of appropriate feeding methods, realistic expectations on the infant, and early discharge.
A girl, born at a GA of 30 weeks + 5 days, who commenced breastfeeding at the age of 2 days, showed rapid emergence of milk intake and reached full breastfeeding with adequate growth at 32 weeks + 2 days.
Conclusion. The capacity for efficient breastfeeding behavior is present at a low postmenstrual age (PMA), provided the provision of developmentally supportive practices. Early initiation of breastfeeding should be encouraged, irrespective of current PMA or weight.
Key words. Infant preterm, breastfeeding, development, sucking

31. INSTITUTE OF PEDIATRICS;TATYANA KURILINA;TATYANA ZNAMENSKAYATHE OPTIMIZATION OF NEONATAL ADAPTATION IN IMMATURE FULLTERM INFANTS Institution of Pediatrics,Obstetrics & Gynecology NESTLE UKRAINE

The reduction of female reproductive health index and the increase of immature for the gestation age birth incidence are evident now in Ukraine. All those infants need the radiant heat for the correction of the thermoregulation.
Purpose: the implementation of KMC for immature fullterm infants with the disorders of thermoregulation.
Methods: 30 immature children (BW 2200-3000 g, GA 37-40 weeks), who were engaged to KMC from the first hour in delivery hall with the further transfer for the room of joint sojourn created the I group. 25 newborns corresponding by BW and GA, who cared in NICU due to the necessity of radiant heat, created the group of comparison.
Results: The infants from the I gr. required KMC during 3-8 days. They were breastfed after the requirement, every 2-2,5 hours. The maximum BW loss was 5,7 % for the 4 day. The temps of weight gain for the 5,0+0,7 days were 15-20 g/day. The children of I gr. had less vomiting, there were no signs of the disorders in cardio-respiratory adaptation. The children of the II gr. stayed in NICU under the source of radiant heat, the obtained the hand-milk every 3 hours. The requirement for the necessity in heat was in 19 (76 %) infants aged 10-14 days. The maximum weight loss was observed on the 6-8 day and created the 9,5 % of the BW. The weight gain recovered with the rate of 5-7 g/day and started from the 10-14 day. Within first 3 days 8 (32 %) children had the cardio-respiratory disorders. Their discharge was delayed up to 14-19 days. The infants from the I gr. were discharged within 7-10 days. Up to 3 months 25 children from the I gr. had the exclusive breastfeeding, 5 children obtained breast milk with the supplement of 30 % of day volume by PreNAN formula due to the hypogalactia and low temps of body mass recovery during 1 month of life. 13 children of the II gr. (52 %) obtained the mixed feeding, 2 children obtained the formulas.
Conclusion. KMC could optimize the adaptation of immature full-term newborns due to the lactation support in mothers, prevents the NICU care and correspondingly reduces the terms of hospital stay.
Key words: immaturity, KMC

32. TEREZA LOPES;TEREZA VITÓRIA MENEZES LOPES;MÍRIAM TORRES ATUAÇÃO DA FONOAUDIOLOGIA NA METODOLOGIA MÃE CANGURU

Fonoaudiology performance in the methodology kangaroo mother care
Authoress: Tereza Vitória Menezes Lopes e Miriam Torres
Institution: Leila Diniz Maternity
Secretaria Municipal de Saúde do Rio de Janeiro – Brasil
Objective
This work has the objective describe the performance and the efficacy of fonoaudiology in the humanized assistance for the low weight newborn, methodology kangaroo mother care, in the

Leila Diniz Maternity of Secretaria Municipal de Saúde do Rio de Janeiro.
We will do an exposition of the fonoaudiology performance, the contribution, the importance on the different steps of the methods and the lived experience on this institution witch has been practiced the Kangaroo Mother Care for six years.
Material and Method
Descriptive study of the fonoaudiology routine flux by the illustrative material in different steps of the method and the impact on the results obtained in relation to the babies and theirs families.
Care is much more than treat, it implicates in a attention turned to the children necessities, evolving a joint of actions, since the intervention of the Neonatal unity till the sensitive-motor–oral intervention, preparing to the transition of the oro-gastric sounding feeding to the maternal breast, as earliest as possible, having the objective of an efficient suction.
The fonoaudiology performance aid the mother and the baby since the first contacts, promoting the fortifying of the affective ties and stimulating the maternal lactation.
Results
We verify in this study, based in the year 2003, that 76% of the babies premature accompany by the methodology Kangaroo Mother Care witch also has been assistance by the fonoaudiology. 97% obtained discharge on the third step in exclusive maternal lactation.
In spite of multifactor that influence on the maternal lactation success; we understand that Fonoaudiology has been a important contribution in this process.
These results are reflective on the family lovely envelopment observation with the baby, good success and extended lactation.
A conjunction of acts promoting favorable situations for the childish development.
Conclusion
We concluded that the satisfactory results of Kangaroo Mother Care method based in 2003, when 76% of the low weight baby received fonoaudiology assistance and 97% obtained discharge on the third step on exclusive maternal lactation. These results show the efficacy of the method and the fonoaudiology accompaniment importance.
The fonoaudiology have been contributing on a effective way and integrate to the Leila Diniz Maternity interdisciplinary staff, witch act on humanized assistance for low weight newborn and his family

33. ADRIANA DE MEDEIROS MELO;ADRIANA DE MEDEIROS MELO;MARIA DE LOURDES FREIRE MELO;SIRMANI MELO FRAZAO TORRES ALEITAMENTO MATERNO E METODO MAE CANGURU:UMA REALIDADE?/ KANGAROO MOHTER CARE AND EXCLUSIVE BREASTFEEDING:A REALITY? UNCISAL

The research that was done had as its general objective the analysis of the occurrence of the exclusive breast-feeding on premature newborn babies with low weight, participants of the Kangoroo Lodging, and as its specific objective to analyse the way of feeding offered to these babies. It was an analytical longitudinal observatory study, carriede out at the Maternidade Escola Santa Mônica – UNCISAL / Maceió-AL by collecting data from the babies' medical reports and by using questionnaires with the newborn babies' mothers during the first two returns to the ambulatory, on the period from February to June of 2004. The total sample obtained was of 34 mothers and 38 babies, due to two cases of twins and one case of triplet. The findings were analyzed through the descriptive analysis and the tests Qui-quadrado and ANOVA tests, and the values were considered as statistically significant when $p < 0,05$ and $p = 0,027$, respectively. This research demonstrated a non-satisfactory rate of theexclusive breastfeeeding occurrence, besides the early introduction of the artificial dummies, allowing to conclude that there is a necessity, on the part of the health team, of promoting orientation to the mothers about the importance of the practice of the exclusive breastfeeding to the correct growth and development of the baby, as well as the consequences of the use of the nursing bottle, especially to the structures that compose the stomatognathic system.
HEADINGS: Breast-feeding, Premature, Weaning, Newborn baby, Kangoroo method.

34. DAVE WOODS;PROFESSOR DAVE L WOODS AN ASSESSMENT OF METHODS BEING USED TO PROMOTE KANGAROO MOTHER CARE IN SOUTHERN AFRICA

Objective:
To document the methods used to promote kangaroo mother care in Southern Africa
Methods:
Personal contact with the major hospitals, universities, non-government organizations and funding organizations. Also published and unpublished studies.
Results:
Major hospitals in South Africa, Namibia, Zimbabwe and Malawi are currently using and promoting kangaroo mother care, both in their own facilities as well as in urban and rural hospitals and clinics. Both formal and informal training of nurses is used.
A number of universities in South Africa (e.g. the universities of Cape Town and Pretoria) are teaching the advantages of kangaroo mother care to their undergraduate medical students. Both local and international non-governmental organizations and funders are also promoting kangaroo mother care. The Saving Newborn Lives initiative of Save the Children (USA) is actively funding both promotional and research programmes in Malawi. The Medical Research Council has funded a very successful project looking at various methods of promoting kangaroo mother care in rural districts in South Africa. The Perinatal Education Programme in South Africa has developed both a self-help training manual and a training website to promote mother and baby friendly care which includes units on the principles and practices of kangaroo mother care.
Programmes to promote and teach KMC can be divided into formal courses, facilitated distance learning courses, and self-help distance learning courses. The methodology and results of these different types of learning programme are described. The method of self-help distance learning improves cognitive knowledge and positively alters behaviour and the practice of health care.
Conclusion: A number of different methods are being used successfully to promote kangaroo mother care in Southern Africa. Many of these methods could be adapted in other countries while some of the training material could be used as a teaching resource, especially if translated into the local language, in most developing countries. Self-help courses are effective and very cost-efficient.

35. RODRIGUES, EC;GISELE DOS SANTOS JORGE;ELISA DA CONCEIÇÃO RODRIGUES THE BEHAVIOUR REACTIONS OF THE PREMATURE BABY IN THE PARTIAL KANGAROO CARE

The behaviour reactions of the premature baby on response to his/her interaction with the environment must lead the actions of nursing to these clients. The Kangaroo Mother Care has been extensive used in hospital units all over the world; with the purpose of to improve the attendance quality lent to the high risc newborn, in such case, the results of this tecnology of care became the target of nursing researchers and health's field researchers. The present study is a paper work of a graduation course conclusion in nursing, of which the investigation purpose was the behaviour reactions of the newborn, when he/she has partial kangaroo care. The question of the research: Which was the behaviour reactions of the premature baby introduced to the first stage of the kangaroo mother care? It was traced the follow objectives: 1) To identify the behaviour reactions of the premature newborn that receives the partial kangaroo mother care. 2) To point the behaviour organization level that this same baby presents when receives the kangaroo mother care. It is about of a qualitativy research of the case study sort, where it was used the participant and daily observation. The newborn studied was the premature clinicaly stable introduced to the first stage of the kangaroo mother care in partial regime, interned in a public institution of Rio de Janeiro – Brazil. The data was collected trough an observation instrument and it was analyzed by the light of a theorical referencial. In response to the question of the research, the behaviour reaction presented by the studied baby, showed that the kangaroo mother care became possible to him/her conditions to keep him/herself in an excelent level of body organization, according to the evaluation of some signs of the newborn'

stability suggested by Als (1986).
Keywords: Nursing – Kangaroo Mother Care – Care – Premature

36. RODRIGUES, EC;IVONE EVANGELISTA CABRAL;TATIANA ASSUNÇÃO MIRANDA;ELISA DA CONCEIÇÃO RODRIGUES THE CHILD DELIVERED FROM KANGAROO MOTHER SYSTEM AT MATERNITY CENTER OF RIO DE JANEIRO: SUBSIDES TO HEALTH EDUCATION

Abstract: Children from NICU and were underwent to kangaroo mother care (KMC) at maternity center of Rio de Janeiro's city were investigated with the objectives to determine the incidence, identify their special care needs and analyze the demands for health education. A quantitative research was developed by descriptive and exploratory method in a retrospective from 2000 to 2002, which date was collected from charts and institutional forms. The sample was 116 newborns that were enrolled in the first and second stages of KMC. We concluded that 87.9% were preterm; 75.9% stayed at NICU for more than eight days and 72.9% stayed at kangaroo mother unit for the same time; 51.7% were breastfeeding on the first stage, extending to 93% on the second, and decreased to 15.1% on the third stage. Besides, 84.9% of them required a developmental, technology and medication care, which evidenced the necessity to set health education to family.
Key-words: Pedriatric nursing. Newborn. Kangoroo mother

37. ELIAS,C.;CARMEN LUCIA LEAL F. ELIAS;INÊS G. SANTOS;MARIA CATARINA MANSO;ANDREIA B. PEIXOTO FAMILY PARTICIPATION IN NEONATAL CARE: A REPORT OF THE EXPERIENCE

The anxiety, the fear facing the unknow and the possibility of loss leads the parents of babies interned in the neonatal intensive care units to a particular behavior, which sometimes hinders the relationship with the team and interferes in the attachment to the interned babies.
The objective of this study is to present a experience report about the presence of the family in the care of risk baby. The study observacional the case took place inthe year of 2002. The data collection was genereted from the registration book and reports of the kangaroo group at the unit. The visitor1s average belonged to 72 visitors a month (48-108), in the great majorty grandparents and nums, the brothers were introduced gadrually. To bring the families into the unit, it has been necessary to produce internal protocols, to elaborate agendas and to train professionals to accompany and orient the visitors according to their needs. The more involved professionales were: a neonatology, a social worker and nutritionist. The support of the nursing as well as of the several leaderships was primordial.

38. ELIAS,C.;CARMEN LUCIA LEAL F. ELIAS;DIVALDO FERREIRA SILVA;CECI MENEZES;ARNALDO COSTA BUENO KANGAROO METHOD :REPORT OF THE EXPERIENCE OF A TRAINING TEAM

The Kangaroo Method is a type of assistance which, due to its simplicity, can be applied even in units whith minimal resources. The need of a global view of the humanized assistance to the low birth weigth newborn is essential for the entire team. our goal is to describe the essential for the entire team. Our goal is to describe the experience of a training group in the qualification of health care professionals for the assistance to the newborn applying the Kangaroo Method. In the study, which is observacioanl and desciptive, 101 professionals were qualifield to work on the humanized assistance of the low birth weight newborn - Kangarro Method, through 4 courses of 20 hours each. The professionals were from two municipal maternities of the city of Rio de Janeiro. The data was obtained from reports issued by the course coordinators at the end of the training courses. The
professionals answered a structured evalution about the course attended and some variables in the application form were scored as follows. With respect to the professional category, we found: social worker(1/1%), nurse (52/ 52%), student (7/7%), medical doctor (23/23%) and others (18/18%). With respect to the couse hour load , 66 students (66%) found it adequate.

With respect to the course contents, 65 (65%) praised its quality and 1005 of the students (101) would participate in another meeting and in a practical recycling course. We concluded that we are on the right path and that the need of training work tea teams is essential for a good practice in the assistance for a good practice in the assistance using the Kangaroo Method.

39. IBE O.E DR;OCHIAWUNMA E IBE KANGAROO MOTHER CARE (KMC) IMPLEMENTATION IN NIGERIA – A SUCCESFUL START JOHNSON AND JOHNSON PEDIATRICS INSTITUTE USA

Nigeria, the most populous nation in Africa has a low birth weight (LBW) rate of about 16% and a crude birth rate of 41 per 1000 the annual number of infants who fall into this category is over 500,000. The Neonatal Mortality rate in Nigeria is 40/1000 live births and Nigeria is one of the African countries that has recorded little improvement in her infant mortality rate in the past four decades of independence. About 9% of the rural population have no access to health care.
At a recent workshop (the first of its kind) held to introduce KMC to the pediatricians and nurses providing neonatal care in major public tertiary and secondary level as well as some private secondary level hospitals in Nigeria, most of the professionals reported high rates of LBW infants requiring minimal care, inadequate numbers of incubators and high workload for the few adequately trained staff. In addition, incessant irregularity in electricity supply made the use of these incubators to be froth with many problems coupled with an invariably high cost of care with some of the babies usually being abandoned by their parents and relatives to the mercy of the caring health professionals.
The plight reported above in addition to the interest exhibited by these professionals when the author presented work done on introducing Kangaroo Mother Care at Ayinke Maternity Hospital, Lagos State at the annual general and scientific meeting of the Pediatric Association of Nigeria (PAN) held in 2003, motivated the author to develop a proposal for initiating KMC in Nigeria. This was further strengthened by her having been trained previously at the Fundacion Canguro in Bogotá Colombia. As a result of this, a team comprising of a senior doctor and nurse from about 16 public tertiary hospitals from across the country in addition to professionals from the private sector were sensitized to KMC in April 2004. The workshop was a three day intensive programme with Dr Natalie Charpak as the lead facilitator and the author assisting her.
The workshop was implemented in collaboration with the ChildWATCH initiative of PAN with funding from Johnson and Johnson Pediatric Institute USA and TOTAL PLC Nigeria. The workshop had high caliber of pediatricians including the president of PAN, his immediate predecessor and a past president of the association. Due to the dire need to establish KMC in the various institutions the participants issued a communiqué which has been submitted to the executive of PAN for consideration and implementation. Key recommendations that emanated were that:
? KMC should be institutionalized in all health care facilities across the country.
? Training centers should be set up in Nigeria to build capacity of health care professional to implement KMC
As a follow-on to this the Ayinke Maternity Hospital is being equipped and up graded with funding from Johnson and Johnson and TOTAL PLC to be the first training centre for KMC in Nigeria.

40. GOOSEN, L.;LOUISE GOOSEN;L GLYNN ;N BERGMAN DOES ADDITIONAL KANGAROO MOTHER CARE SUPPORT SOON AFTER BIRTH HAVE ANY IMPACT ON BREASTFEEDING SUCCESS?

OBJECTIVE
The purpose of the study is to establish whether Kangaroo Mother Care (KMC) practiced shortly after birth for at least 2 to 3 hours has an impact on the duration of breastfeeding.
METHOD
A retrospective random sample folder analysis of 100 folders was used to identify and interview mothers whose babies' were 4 to 9 weeks old at the time of the survey.

The records of mothers who had undergone caesarean birth were used as we could establish with reasonable surety which mother and baby dyads would have had more encouragement and assistance with KMC and breastfeeding. This was possible as the hospital employs a 'Kangaroo Doula' in theatre from 08h00 to 15h00 for this very purpose.
16 % of the records were not available
34 % had no contact numbers and had to be excluded.
8% of the babies who were ill and therefore spent time in the nursery were excluded.
10% of the mothers who were HIV positive and had chosen to formula feed were excluded.
All the remaining records indicated breastfed babies at discharge.
However an additional 23 % had to be excluded, as the phone numbers were incorrect.
RESULTS
Successfully contacted – 64
Received doula assistance (DA) – 34
Received less assistance (LA) – 30
Breastfeeding dyads (BF)
Breast as well as formula fed (Mix)
Weaned onto formula (Formula)
DA = 34 of which BF = 28
Mix = 4
Formula = 2
LA = 30 of which BF = 24
Mix = 4
Formula = 2
CONCLUSION
According to the survey, our Kangaroo Doula has limited impact. However, the background of the survey is a hospital with an integrated culture of KMC and breastfeeding, BFHI status and includes amongst its staff two lactation consultants. The effect of a 'Kangaroo Doula' is likely to be far greater in a non-supportive environment were the breastfeeding rates are low (e.g. 54% in Quebec, Canada's national survey 1994/1995) when compared to the 93% at MMH.

41. GODOY, MMP;MIRNA MIGUEL PASSOS GODOY;LIANA FELIX TASSARA;THEREZA CRISTINA R.M.V. FARIA EXPERIENCE WITH KANGAROO MOTHER CARE WITH LOW-BIRTH-WEIGHT NEWBORN SMS - RJ Hospital Maternidade Carmela Dutra

Kangaroo Mother Care has been implanted in attention of special needs low-birth-weight newborns. In many public health services in Brazil we can observe that support. In our institution, since 1998 the dual mother-newborn is presented to this program.

The population assisted in that program are low-birth-weight newborn with good clinical conditions, with mothers that desires stay all the time with their babies, providing skin-to-skin contact. Many positive signs are observed, like facilitate mother-baby relationship, lower mother-baby separation time, incentive of breastfeeding, better temperature control, and lower days in unit therapy intensive.
The purpose of this study is presented how 54 (fifty four) low-birth-weight babies development when they were in Kangaroo Mother Care program. This babies presented similar characteristics, birth weight between 890 and 1890 grams, gestational age between 28 weeks and 36 weeks and 4 days.
Comparison between similar group of newborns (control group), that didn't were introduced in program, was possible observe that the most babies in Kangaroo mother care group stayed few days than control group, began food transition before, catch-up weight with better results when compared with the control group.

That is possible to say Kangaroo mother care with low-birth-weight is an important attention care, with positive results, including exclusive breastfeeding, lower costs and support to the mother infant dyad.

42. GUIFO, O.;ODETTE GUIFO KANGOROO MOTHER CARE IN CAMEROON : A NEW EXPERIENCE TO SHARE FOR THE WELL-BEING OF OUR PREMATURE BABIES"

KMC is applied in our premature Unit since October 2000. Over a period of 9 months, 430 premature new-born were admitted in the Unit, neonatal mortality was 27%, out of the 311 infants discharged 140 were include in the KMC program and data were collected on their somatic growth and neurological development during the year follow up. At the beginning of 2004, using these data we decided to make a "state of art" aimed to take decisions to improve our KMC practice:
1- we designed our KMC guidelines adapted to our institution and our population,
2- we created educational materials (KMC photos, video and booklets) to teach KMC to the health staff and to the parents,
3- we designed a national KMC training project for 10 hospital similar to our.
This V international KMC workshop in Rio de Janeiro must be the occasion for us to share this kind of positive experience in KMC if we want to improve the future of our African premature.
Key words: premature, kangoroo, mother care, African adaptation.

43. RANAIVOSON YVONNE;YVONNE RANAIVOSON RAMIANDRASOA;GEORGES RAMAHANDRIDONA ;SIMON RAKOTONIRINA;AIMÉE SAMBANY TROTRO AN-KODITRA UNIT IN MADAGASCAR

The 'Trotro An-Koditra Unit' (TAKU) or Kangaroo Unit, implemented in November 2002 inside Maternité Befelatanana and a referral center,consists of three components.First stage: the ' Intra-Hospital Kangaroo Adaptation ' (room 243): as soon as the baby ,placed in incubator at birth overcomes serious pathology, it is given to its mother in order to be carried in Kangaroo position. Meanwhile the mother is initiated to the Kangaroo Technique and she participated in infant nursing. A relative can assist her.Second stage:Mother-Child Hospitalization (room 25):the baby remained in Kangaroo position with its mother during 24 hours.The mother is prepared for the time after discharge from the Maternity.Third stage: after discharge the baby and its mother will return to the Maternity for the follow-up, twice a week if under 2000 grams, then weekly until it achieves 2500grams and later on monthly. Breast-feeding is nearly exclusive up to 6 months.
OBJECTIVE
- To promote breast-feeding
- To reduce neonatal mortality
METHODOLOGY
- Training health officers in public and private institutions on the Kangaroo Technique, the implementation of Kangaroo Unit in 'Centre Hospitalier Universitaire' (CHU) at the provinces and in ' Centre Hospitalier de District' level 2 (CHD2) at the districts.
- Broadcasting TAK program on radio, television, newspapers.
RESULTS
- Concerning TAKU, in CHU Maternité Befelatanana : in 2003, 325 babies joined the Kangaroo Program : their weight varied from 900 grams to 2,300 grams and their gestational age varied from 29 weeks to 40 weeks of amenorrhoea. The weight of 222 babies doubled at 3 months of age.16 deaths have been recorded during the first stage and 8 died during the ambulatory follow up. No baby has been abandoned by its mother or family. Morover, 29 twins and 3 triplets have been discharged alive from the Unit .
- Implementation of TAKU : in six province's CHU before august 2004 and in dozens district's CHD2 before december 2004. All of these hospitals are 'Baby Friendly Hospitals'

- Introduction of TAK in training institutions for example, School of nurses and midwifes.

CONCLUSION

Prematurity in Madagascar is a major health issue and is the result of poor social and economic conditions. The country doesn't have adequate facilities. The use of TAK has allowed to improve the assistance of premature and low weight birth infant. The TAK program integrated in the national program for Infant and Mother Health, has been leading to a partnership between the Health Ministry and UNICEF.As the TAK is natural economic and satisfactory, it was included in the ' Document Stratégique de Réduction de la Pauvreté ' (DSRP) which is a document used as a national health policy for reducing poverty in Madagascar.

44. SUSAN LUDINGTON;SUSAN LUDINGTON;MARK SCHER;MARK JOHNSON;KATHY MORGAN;TINA LEWIS;JUDY GUTMAN KANGAROO MOTHER CARE (KMC) EFFECTS ON BRAIN MATURATION: PILOT STUDY REPORT Department of Nursing CASE WESTERN RESERVE UNIVERSITY

Kangaroo Mother Care (KMC) Effects on Brain Maturation: Pilot Study Report

Objective: To determine if multiple sessions of KMC make preterm infant sleep at term age more like the fullterm(FT) infant's sleep, and if changes in brain maturation are present as measured by the Dysmaturity Index(DI) and spectral electroencephalographic (EEG) measures.

Method: Three preterm infants who received KMC and 100 fullterm infants who did not receive KMC are part of an ongoing study. The FT infants were tested within 2 days of birth in a sleep lab. Eight channel EEG, electrooculographic, and electromyographic polysomnographic(PSG) recordings (Nihon-Koden 2500) using the international system for electrode placement were made at 32 and 40 weeks postconceptional age(PCA) in preterm infants who received KMC for 1.5 hours per day, 4 days/week during hospitalization and then ad lib at home until 40 weeks PCA. Recordings were taken over a 2-3 hour interfeeding interval at 40 weeks PCA.. Polysomnographs were read by one pediatric neurophysiologist. Regression analysis compared the differences within and between groups across the interfeeding interval and the DI, a score based on seven EEG elements that are related to regional brain maturation, was scored using Mahalanobis distance.

Results: KMC preterm infant sleep approximates FT infant sleep as measured by decreased arousals and decreased rapid eye movements. KMC infant's DI scores indicate they are quite distant from preterm infant scores at term age and perhaps even more mature than FT infants at term age. These findings are supported by an unusually high level of communication between brain hemispheres (concordance data) in KMC infants.

Conclusion: Better sleep organization and brain maturation is present in KMC infants at term age.

Key words: electrophysiologic sleep organization, preterm infants, brain maturation.

45. SUSAN LUDINGTON;DR. SUSAN LUDINGTON;TINA LEWIS RN BREAST-INFANT TEMPERATURE WITH TWINS DURING SHARED KANGAROO CARE Department of Nursing CASE WESTERN RESERVE UNIVERSITY

Breast-Infant Temperature with Twins during Shared Kangaroo Care

Objective: To determine if maternal breasts respond similarly or differently to the skin temperatures of twins when both infants are simultaneously held in Kangaroo Care (KC) using Case Study design.

Method: Two sets of premature twins were held for 1-1.5 hours by their mothers in Kangaroo Care, while maternal breast and infant body temperatures, heart and respiratory rates, and oxygen saturation were recorded each minute.

Results: Right and left breast temperatures differed in both mothers. The temperatures of each twin in a pair were different as they lay on his/her respective breast. Infant temperatures remained warm and increased during KC; each breast appeared to respond to the thermal needs of the infant on that breast.

Conclusion: Physiologic explanations for thermal synchrony exist. The data suggest that twins can be simultaneously held in KC without physiologic compromise, but further study is needed before deducing that each breast responds independently of the other.
Key words: Temperature Synchrony, Skin Contact, Preterm Infant
Kangaroo Mother Care (KMC) Improves Sleep Organization

46. MORGAN, K.; LUDINGTON, S.; SCHER, M.; JOHNSON, M.; LEWIS, T.; GUTMAN J.
    Case Western Reserve University, Cleveland, Ohio, USA
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    Objective: Purpose was to determine if behavioral state changes attributed to KMC are present on electroencephalographic records of KMC. Previous behavioral state changes are increased quiet sleep, and decreased active sleep, but these findings are vulnerable to observer bias and electroencephalographic recording is not.
    Method: 8 channel electroencephalographic, electro-oculographic, and electromyographic polysomnographic recordings (Nihon-Koden 2500) using the international system for electrode placement were made once during a 2-3 hour interfeeding interval in the morning in a hooded incubator (pretest period) followed by a 2-3 hour interfeeding interval in KMC (or another 2-3 hours in incubator for the control group) (test period) in a randomized trial of 32-weeks postconceptional age relatively healthy preterm infants. Infants were undisturbed during testing. Polysomnographs were read by one pediatric neurophysiologist blind to subject, group, and period. A mixed model regression analysis compared the test-pretest differences within and between groups and compared matched segments of sleep.
    Results: Arousals from quiet sleep, arousals from active sleep, rapid eye movements in active sleep, and percent of indeterminate sleep were significantly lower in KMC. Quiet sleep increased during KMC when high ambient light levels were entered into the regression equation.
    Conclusion: The patterns demonstrated by the KMC group are analogous to more mature sleep organization. More mature sleep organization reflects brain maturation. Sleep organization improves during KMC.
    Key words: electrophysiologic sleep, preterm infants, sleep organization

47. SUSAN LUDINGTON;GAIL MCCAIN;SUSAN LUDINGTON-HOE;JOAN SWINTH;ANTHONY HADEED HEART RATE VARIABILITY RESPONSES OF A PRETERM INFANT TO KANGAROO CARE Department of Nursing Department of Nursing DEVELOPMENT AND GROWTH PÔSTER

Heart Rate Variability Responses of a Preterm Infant to Kangaroo Care
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Objective: To examine the Heart Rate Variability (HRV) responses of one preterm infant to a Kangaroo Care(KC) experience with his mother as a case study.
Method: Mother and infant did KC in their private postpartum room on the mother-baby unit of Kadlec Medical Center in Richland, Washington. The infant's HRV indices were obtained for 40 minutes in the open crib followed by 40 minutes in KC. Two hydrogel electrodes were placed to conduct an EKG signal from a cardio-respiratory monitor to the computer with the HRV software (ANSAR Inc., Philadelphia, Pennsylvania, U.S.A.). One investigator (S.L.) assessed behavioral state once per minute with the Anderson Behavioral State Scale (ABSS). High frequency (parasympathetic) and Low frequency (sympathetic) ratios were calculated.
Results: This stressed infant immediately calmed down in response to KC, exhibiting a marked change in the size of the HF response from very high during the fussy period in the open crib to very low with sleep in KC. Low frequency (sympathetic) activation occurred during KC.
Conclusion: KC produced changes in behavior and HRV that indicated a decrease in stress for

the infant.
Key words: Premature, heart rate variability, kangaroo care, behavior

ANEXO 3
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