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CLINICAL COURSE AND OUTCOMES OF NEWBORN INFANTS ≤ 2000 GRAMS IN THE KANGAROO MOTHER CARE PROGRAM IN BOGOTA, COLOMBIA: A 6 YEAR EXPERIENCE

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Rationale: Low birth weight (LBW) deliveries are highly prevalent, particularly in economically depressed communities. Since 1993 The Kangaroo Mother Care Program (KMCP) of the “Clinica del Niño” in Bogotá has cared for some 1200 infants ≤ 2000 g a year. Effectiveness and safety of our KMCP has been established in a previous randomized clinical trial (RCT).

Objectives: To describe the clinical course and health outcomes of kangaroo infants (KIs) included in our KMCP between 1993 and 1999, including patients with Chronic Lung Disease (CLD) at entry into KMCP.

Setting: KMCP from the Clinica del Niño in Bogota, Colombia.

Patients: 6000 newborn infants ≤ 2000 g, who survived the neonatal period and were included in the KMCP between September 1993 and September 1999. Five percent of them were oxygen-dependent and were admitted only when oxygen requirements were $\leq 1/2$ liters/minute.

Interventions: Ambulatory KMC (instead of in-hospital minimal care) comprises 1) continuous Kangaroo position 2) exclusive or nearly exclusive breast-feeding and 3) early discharge in kangaroo position at home, with strict and close follow-up: weekly up to term and at 3, 6, 9 and 12 months corrected age.

Results: Most baseline variables did not change during the 6 years of KMC Program functioning. Risk of dying decreased year by year and we have actually a 1% of mortality between discharge and the term. Risk of dying was the same at all points during this period after controlling by gestational age or weight at eligibility. There were no differences in growth and neurological and psychomotor development indices up to the age of one year. Proportion of mothers breastfeeding their infants was much higher than usual in prematures in our institution before KMC.

There is an unexplained increase in prevalence of CLD in all infants born at the Clinia Del Niño, which raised from 2% in 1993 to 9% in 1999. Their health outcomes are similar to the remaining KI in growth. In addition 50% of mothers of KI with CLD were breastfeeding exclusively at term. They have more sequels than Kis without CLD at entry in our KMCP.

Conclusions: Our results support earlier findings regarding survival and quality of life under KMC. Growth indices were satisfactory except for those infants with pre-existing IUGR associated or not with prematurity, which calls for further research.

These data are consistent with our RCT results and enhance our confidence in the safety and effectiveness of the KMC method for populations and health facilities similar to ours. The beneficial effect of KMC on the humanization of neonatology at all levels deserves recognition.