**Improving Kangaroo Mother Care feeding and growth**

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Although breast milk feeding/breastfeeding constitutes one of the core components of KMC, the skin-to-skin contact component has received more attention than the components of breastfeeding and early discharge, especially in high tech NICUs in affluent societies. The Uppsala NICU KMC guidelines emphasize support of infants transition to extra-uterine life (infant-parent attachment and parent-infant bonding) and mother’s/father’s transition to becoming parents ‘real parents’ as soon as possible. For this goal, KMC and breastmilk feeding/breastfeeding are essential, with implementation according to gestational age at birth and current maturational level, commencing from infants born extremely preterm. The guidelines cover all aspects of infant care with the aim of supporting parents’ transition to primary caregivers - performing nearly all care provided by nurses, up to early discharge, with KMC continuing at home when required, before formal discharge. Breastfeeding can be introduced from a maturational level of 28 weeks; infants can attain exclusive breastfeeding at a low postmenstrual age. This is facilitated by transition from regulated to non-regulated feeding/breastfeeding as soon as possible by policy of semi-demand feeding before demand feeding. At discharge, preterm infants show a wide variation in breastfeeding frequencies and patterns per day.