

# “Community KMC: Challenges in developing countries”

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**INTRODUCTION:** KMC is far beyond technicality, it involves maternal nutrition, psychological stability and after care. Little is known about the community KMC care in developing countries. The aim of the study was to understand the technicality and community based challenges in practicing KMC.

**METHODS:** Prospective observational study was piloted at Special Newborn Care Unit (SNCU) Nalgonda. A structured checklist was used to analyze the substance of the facility and nurses; challenges faced in community, KAP, and technical demonstration of KMC and breastfeeding by the mothers. Forty mothers practiced KMC over 10 days at the facility and BW <1.5kgs were approached. SPSS software(v21) was used for statistical analysis.

**RESULTS:** Cleanliness(87.1%), no motivation(54.8%), no proper infrastructure(38.7%), baby restless in KMC(25.8%), no family support(25.8%), and no time(22.6%) were the major challenges faced by mothers in practicing KMC at home. Mothers' demonstration of KMC and BF technique was 80.6% and 90.3% respectively. Interestingly, counseling sessions and KMC home practiced was statistically significant( $p=0.03$ ) whereas educational status was not significant( $p=0.1$ ). Follow up summary {age(days);weight(gms);KMC hours,days} was {129.5±56.6;4183±1354.0;3.0±2.3,15.3±10.8}; current age and weight in corresponding to birth weight was statistically significant. Overall mothers' KAP results were satisfactory like

knowledge about breast milk production(80.6%), defining KMC duration(67.7%), when to stop KMC(83.9%) were the thematic areas.

**CONCLUSION:** The intriguing results exhibited “low-bundle” intervention mainly “Counseling” is the need of the hour. Crisp review of local barriers and challenges escalates KMC practice beyond the facility. National policies, comprising after care program, to be a requisite for sustainability.