

P 42. EVIDENCE-BASED GUIDELINES FOR THE USE OF THE KANGAROO MOTHER CARE (KMC) METHOD IN STABLE LBW INFANTS IN COLOMBIA.

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Background: The Kangaroo Mother Care (KMC) method is a set of interventions for providing appropriate health care to preterm and/or LBW infants, based on the so-called kangaroo position (skin-to-skin contact). Since it was first described (Rey 1978) considerable variability has developed about: a) definition of the target population and of the therapeutic goals, b) time for starting skin-to-skin contact, c) continuity and duration of the kangaroo position, d) feeding strategies, and e) discharge and follow up policies. There is an urgent need to standardize the intervention, based on scientific evidence that supports its benefits and limitations.

Objective: To develop set of recommendations about the characterization and proper use of the different components of the KMC method, and to support each assertion with a systematic review of evidence.

Design/Methods: A multidisciplinary group including authorities, users, parents of patients, and methodological and content experts worked between 2005 and 2007. After defining terms and characterizing components of the intervention, a systematic review of published literature (Medline, Lilacs, hand searching and review of previously compiled bibliographies) was conducted for identifying, appraising and summarizing the evidence regarding the effects, risks, expected benefits and limitations of each component. Evidence based assertions were widely discussed until consensus with each statement was achieved and were evaluated by external peers **Results:** Standardized definitions of KMC and its component, variants, target population, indications and precautions were produced. An evidence-based foundation for each component was developed, identifying the strength of the evidence, the knowledge gaps, the areas of controversy and the needs for further research. Discussion of the basic aspects and the results of relevant research were added to each recommendation together with detailed descriptions of the appropriate implementation of KMC including practical tips. Extensive annexes include tables of evidence and additional information on related topics (mainly in nutrition and feeding strategies) .

Conclusions: Although sound guidelines should be tailored to local needs and conditions, and this particular exercise is focused in the Colombian situation, it is reasonable to expect that many of the recommendations and certainly most of the evidence appraised will be a useful input for guidelines development elsewhere.