

## **P 57. KANGAROO MOTHER CARE WITH TRIPLETS: PARENTS' EXPERIENCE** Mónica Virchez Figueroa, President of the Prematura Spain

I had the experience to have my triplets 7 years ago in London, England. They were born at 29 weeks of gestation in Hammersmith Hospital and later they were transferred to the St' Mary's Hospital. Our babies, two girls and one boy, remained two months in the Winnicott neonatal care unit and later they arrived in our home. During their stay in the Winnicot Baby Unit we received directions to be able to support them in their development in general: physical, emotional and psychological levels.

Our experience was to put in practice the kangaroo care from the moment the babies were born. The nurses in both hospitals invited to us to do it and insisted on practicing it with our triplets in the neonatal unit. We learned to value that the contact skin with skin, is basic because it is the emotional food of the baby. We experimented that as much we practiced, both parents and babies relax each other. The babies regulated better their temperature, breathing, heart rate besides providing them an affective approach. We later practiced several hours during the day and in our home after obtaining the hospital discharge. We witnessed that the kangaroo care highly is related to the attachment, bond, maternal breastfeeding, corporal body language in new borns and babies.

The name of this method is derived from observing the kangaroo with its young of 13 mm when being born, she load it in its marsupial pouch until it is 18 months old, having a extra-uterine gestation. This pouch or maternal belly, is a incubator. This method was created in 1979 in Bogota, Colombia like an option of aid in the units of neonatal intensive care in hospitals. Currently, Kangaroo Care practices are in the hospitals in more than 20 countries in the world. This method contributes great advantages to the mother and to the baby. It is a method that allows the attention more humanized of the mother and premature baby. It offers security, it favours the survival rate and it is an effective method in the growth and development of the premature baby.

One of the objectives of hospitals is to get mother and baby acquainted as early as possible through the contact of skin with skin. It motivates the prolonged maternal breastfeeding. It avoids going back to hospital. It is base on human resources rather than mechanical ones. Mainly maintaining a pursuit and affective evaluation of the growth and newborn development of the premature one. The method is based on three basic points: love permanent contact of mother to baby. Heat provided by the own body of the mother. Give maternal milk on an exclusive and prolonged way.

The advantages of the method in the baby are: reduction of infections, decrease of hypothermia, weeping and abandonment. Reduction of morbi-mortality. In the mother and the family the advantages are: it favours the relation mother-baby. It fortifies the familiar nucleus and the confidence of the parents. It improves the adaptation and integration to the familiar group. It invites and motivates mothers so that they appreciate it both in the ICU as well as in home.