P 4. . EARLIER IS BETTER? RANDOMIZED CONTROLLED TRIAL (RCT) OF KANGAROO MOTHER CARE (KMC) IN MADAGASCAR

S. Nagai¹², D. Andrianarimanana², N. Rabesabdratana², R. Mori¹³, N. Yonemoto³, A. Ramarijaona², M. E. Raza-fanomezanjanahary², T.Nakayama¹ Kyoto University, School of Public Health, Department of Health Informatics, Japan 1, University hospital of Mahajanga, Madagascar 2, Osaka Medical Center and Research Institute for Maternal and Child Health, Japan 3.

Background: KMC is well known as an effective intervention to reduce morbidity of low birthweight (LBW) infants in developing countries, but until now, there is not enough evidence starting will better for reducing morbidity mortality. for earlier be and of KMC start as soon as possible within 24 Aim: To examine effectiveness hours after birth for the LBW infants and their mothers. Material and methods: The subjects are stable LBW infants and their mothers born at University hospital in Mahajanga, Madagascar, from August. 2007 to August, 2008. RCT has been launched bv GETKMM: Groupe d'Etude de la Technique Kangourou à Mahajanga. Madagascar. (NCT00531492)

In this study, GETKMM is implementing the intervention group for starting continuous KMC as soon as possible within 24 hours after birth. The control group is starting conventional care. The primary outcome measure is the reduction of the mortality within 28 days after birth.

Results: To date there are 54 children included in the study with a predicted 100 total by October, 2008, which will provide more conclusive results.

Conclusions: The conclusions will be presentable upon the inclusion of up to 100 participants as outlined in the results.

Key words: KMC, LBW, RCT, earlier starting, developing country .