

**Intercountry consultation on scaling-up Kangaroo Mother Care in South-East Asia Region**

**New Delhi, India, 17-19 December 2018**

**Conclusions and Recommendations**

**Conceptual clarity and reinforcement**

- Kangaroo Mother Care is not just prolonged skin-to-skin care but includes initiation of breastfeeding, following up at home and has multiple benefits for babies and mothers that contribute to Survive, Thrive and Transform objectives of the Global Strategy.
- Kangaroo Mother Care must be considered as an essential and standard care for small babies at health facilities and homes within the existing maternal-newborn health programmes, in conformance with the global quality standards for provision and experience of maternal-newborn care.
- Integrity of linkages between maternal health and newborn health programmes as well as between health facilities and home-based care must be strengthened.
- For achieving population-based coverage and outcomes KMC is to be implemented at all level of healthcare across public and private sectors.
- Continued advocacy is required for achieving conviction about importance of KMC among political leadership, health managers and service providers at all levels of health system and with community and families.
- Wide partnership across governments, NGOs, academia, professionals, families and community, partners and donors will be required to promote and sustain KMC as a standard of preterm care.
- The delegates agreed to observe and promote a “Zero Separation Policy” to always keep mothers and babies together in the healthcare system.

**Learning from research**

- Evidence from the randomized control trial from India provides evidence that community-initiated KMC is effective in improving newborn and infant survival if high compliance with KMC can be achieved.
- Experience from hospitals in Ghana, India, Malawi, Nigeria and Tanzania shows that it is possible to keep preterm and low birth weight newborns with their mothers, and this may have several advantages.
- Evidence from implementation research in several districts of Ethiopia and India shows that KMC can be scaled up rapidly to achieve high population-based coverage, with the following understanding:

- Setting programmatic target of achieving greater than 80% population-based coverage of KMC in the entire district (defined geographic area).
- Using approach of systems thinking that incorporates KMC programme activities in community, small health facilities as well as in referral hospitals.
- Achieving a high level of conviction and motivation for KMC at provincial, district, and facility levels.
- Making it possible for mothers to be with their babies in the hospital / health facility with adequate provision of space, food, hand wash facilities, toilet, and most of all, respect.
- Supporting mothers (surrogates) including problem-solving and counselling from trained healthcare workers, not just providing information and messages.
- Implementation research for management of newborns with serious infection as outpatient treatment when referral is not possible has shown that guidelines for simplified antibiotic treatment can be implemented at scale with benefits of mortality reduction.

### **Recommendations for Member States**

- Accelerate efforts for rapid scale up of facility-KMC as part of high-quality maternal and newborn health programmes.
- Consider community-KMC, both for continuing after facility-based initiation and for initiating for those where KMC could not be started in a health facility.
- Re-design maternal and newborn care units in hospitals to achieve zero separation of mothers and newborns, even when newborns are preterm/LBW or sick.
- Accelerate efforts to increase coverage of appropriate treatment of newborns with serious infection through improved referral and improved quality of care in hospitals, complemented by outpatient treatment with simplified antibiotic treatment when referral is not possible.
- Strengthen supportive supervision mechanism as well as monitoring and evaluation framework for KMC and PSBI management programmes.

### **Recommendations for WHO and Partners**

- WHO to share updated guidelines for KMC.
- Support Member States for updating / strengthening national strategies for scaling up KMC and PSBI intervention packages.
- Support implementation models of KMC and PSBI management for local experience and learning while scaling up the implementation.
- Create opportunities for sharing best practices and exchange of experiences among countries.