

# PREVALENCE, FACILITATORS OF AND BARRIERS TO KANGAROO MOTHER CARE PRACTICE IN THE NEWBORN UNIT AT KENYATTA NATIONAL HOSPITAL

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## ABSTRACT

**Background:** Kangaroo mother care (KMC) is a high impact intervention that improves outcome in preterm infants. The uptake of KMC remains limited in countries with high preterm births.

**Objective:** To determine the prevalence of KMC practice and to explore the facilitators of and barriers to practice.

**Setting:** Newborn unit (NBU), Kenyatta National Hospital.

**Methods:** This was a multi-method study. Stable preterm mother-infant dyads weighing 1000-1800 grams and health care providers (HCPs) were recruited. Key informant's interviews, focused group discussions (FGDs) and direct observation was used to obtain data.

**Results:** 134 mother-infant dyads were enrolled. The median infant (IQR) gestation was 32(27-36) weeks and median birth weight (IQR) was 1600(1000-1800) grams. The prevalence of KMC practice was 59% (95% CI 50.5-67.4%). Only intermittent KMC was practiced; the mean duration of skin to skin contact (SSC) was 2.3 ( $\pm 0.91$ ) hours a day. Facilitators of KMC were; knowledge, positive attitude, good lived experiences during KMC and peer support. Staff shortage, lack of staff training, inadequate space and resources, lack of maternal social support and inadequate time were barriers to practice. An inventory taken in the NBU found that; there was no ward dedicated for continuous KMC, 57.8% of the HCPs had no KMC training, KMC guidelines, hospital-based protocols and staff orientation programs were unavailable.

**Conclusion:** Prevalence of KMC practice was low at 59%. Positive perception and social support promotes KMC while inadequate health facility resources hinder practice.

**Recommendations:** Strengthening of the KMC program by educating and supporting preterm mother-infant dyads to practice KMC, providing a well-equipped KMC ward and training the HCPs is required.