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## **A study to assess the knowledge regarding kangaroo mother care among postnatal mothers in selected hospitals of Pune city**

**A Shaily Bikai, Ashwini Bhosle, Priyanka Chavan and Surekha Bhatkar**

### **Abstract**

Kangaroo mother care (KMC) was first initiated in Colombia due to shortages of incubators and the incidence of severe hospital infections of new-born infants during hospital stay (Feldman, 2004). Currently it is identified by UNICEF as a universally available and biologically sound method of care for all new-borns, particularly for low birth weight infants (Department of Reproductive Health and Research, 2003) in both developed and developing countries. The Western Cape Provincial Government implemented a policy on KMC as part of their strategy to decrease the morbidity and mortality of premature infants in 2003 (Kangaroo Mother Care Provincial task team, (2003). Essential components of KMC are: skin-to-skin contact for 24 hours per day (or as great a part of the day as possible), exclusive breastfeeding and support to the mother-infant.

This cross-sectional descriptive study collected data from all nursing staff and mothers involved in kangaroo care at one hospital over a period of 3 months and the relevant nursing staff from feeder pre-natal clinics in the sub-district, using a structured questionnaire in face-to-face interviews. Data was entered and analysed in Epi-Info (2007). Response frequencies were calculated for items on the attitude scale and for knowledge and practice variables.

The mean gestational age of the infants was 32 weeks and the mean birth weight was 980g. The majority of mothers (70%) knew of the importance of KMC and had a positive attitude towards KMC although they did not receive enough information about KMC at the prenatal facilities. The majority of the nursing staff had some knowledge of the advantages of KMC, appreciated its value and had a positive attitude towards KMC. The most important gap for improving KMC implementation was identified to be a bigger and better equipped KMC ward and lack of education given to mothers at prenatal clinics. More detailed information on KMC should be provided to mothers to improve their knowledge on KMC, while the creation of a home-like environment may enhance the well-being of mothers and infants. To improve the implementation of KMC in the Eastern Sub-district will require bigger and better equipped KMC wards, as well as regular KMC training sessions for nursing staff.

**Keywords:** Low birth weight (LBW) kangaroo mother care (KMC)

### **Introduction**

Globally 25 million infants (17%) are born with a low birth weight (LBW) and most of these occur in low-income countries. These low birth weight infants suffer from high rates of morbidity and mortality and often remain underweight, stunted or wasted from the neonatal period through childhood. Therefore low-income countries have recognised kangaroo mother care (KMC) as a necessity to promote positive neonatal health under adverse conditions.

The benefit of KMC includes empowering the mother to care for her LBW infant, decreasing infant mortality, encouraging breastfeeding and reducing the frequency of low birth weight babies visiting clinics after discharge from hospital. In recognition of these positive attributes, the Western Cape Provincial Government implemented a KMC policy as a safe and effective method of care for low birth weight infants. Complications of LBW account for 45% of all neonatal deaths in South Africa. LBW infants need extra care and warmth. KMC is a practical and inexpensive option and therefore the best way to provide this care and warmth especially during incidence of power failing and in households who do not have access to electricity. The immediate effect of KMC is to prevent prolonged separation of the mother and her LBW infant which can contribute to an increase in morbidity, insufficient breast milk volume, poor growth and poor mother-to-infant bonding.

Simultaneously KMC also reduces the workload of the health care workers. Considering the benefits of KMC education for nurses and mothers is seen to be critical to its successful implementation.

**Need of the study**

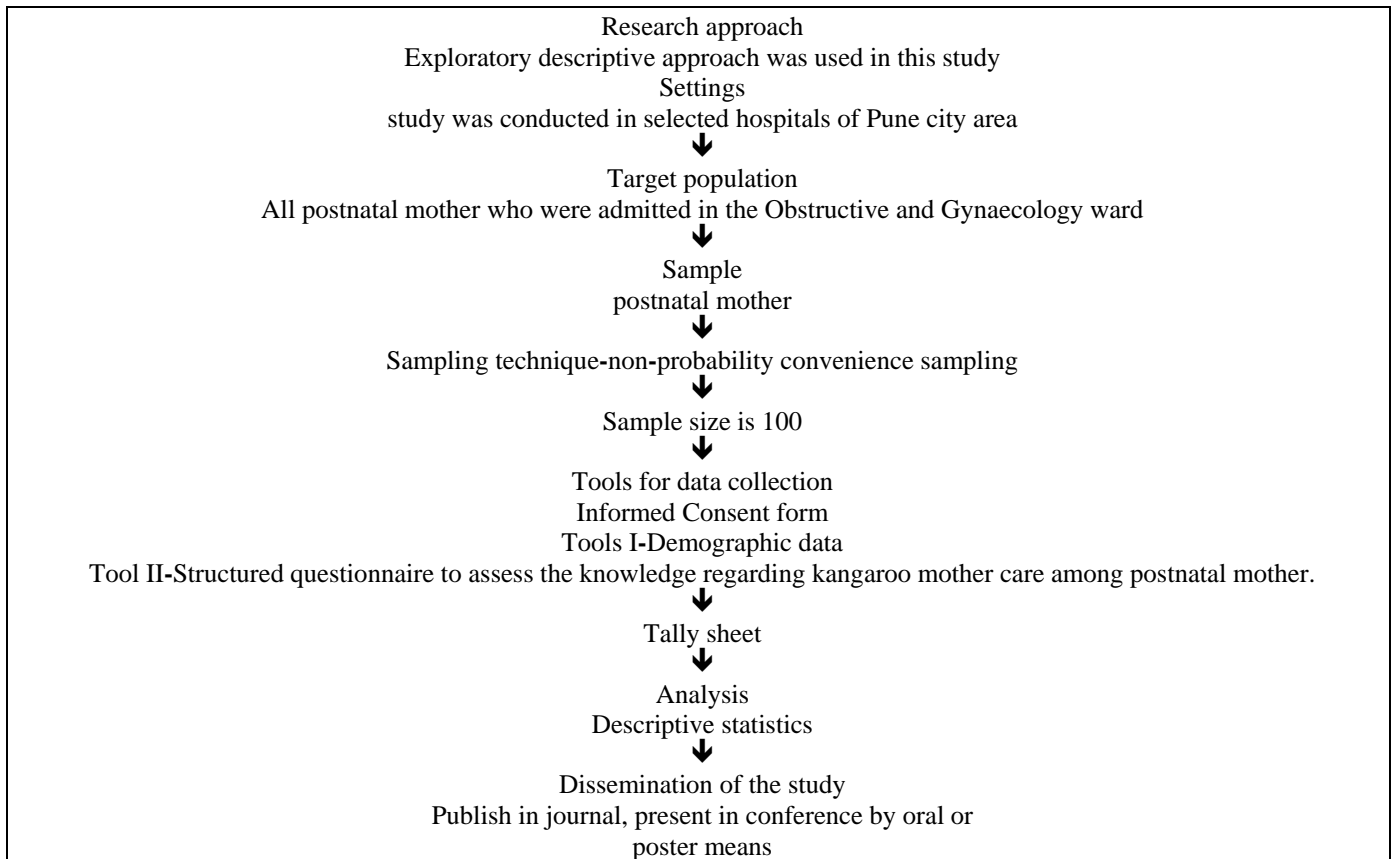
All small babies less than 2.5 kg are eligible for kangaroo mothers care. Lower birth more beneficial is kangaroo mother to baby. It practice in hospital described in (1978 Sweden 1976 USA 1979). Associated with Dr Edgar Rey Colombian professor of neonatology he applied preterm neonates as result many lives were saved (mortality rate dropped 50%) little patient recovery much faster.

According to 2016 report issued by the supreme audit office only 11% mother maintain first skin to skin contact with their new born at least 2 hours and 3% mother claimed first skin to skin contact last 30 min.

**Objective of study**

1. To assess the knowledge regarding kangaroo mother care among post natal mothers.
2. To find out the association between knowledge of mother with selected demographic variables.

**Research Methodology**



**Fig 1:** Schematic representation of the Research methodology

**Data collecting process**

- The data collecting process was as follows
- Ethical permission from the college
- Permission from the hospital
- Explain the procedure to the sample in their level of understanding and language
- Giving the written consent
- Explaining them about confidentiality and anonymity of their details
- Giving time and proper place to fill in the tools
- Helping them where ever necessary

**Data analysis**

“Data analysis is the systematic organization of the research data and testing of research hypothesis using that data” In this study the data collected was coded and tally sheet was prepared and using descriptive analysis the demographic data and knowledge were calculated in frequency and percentages.

Sr no.	Knowledge score	Frequency	Percentage
1.	Good knowledge	30	30%
2.	Excellent knowledge	50	50%
3.	Poor knowledge	50	20%

Table shows in control group majority of b.sc nursing students (100%) having good knowledge regarding nosocomial infection is 33%, 64% students having a average knowledge regarding nosocomial infection and 03% students having a poor knowledge regarding nosocomial infection.

**Conclusion**

The following conclusions can be drawn from the study findings;

- Student have more knowledge regarding kangaroo mother care.
- Student have sufficient knowledge about kangaroo mother care and has observe the knowledge is more important for healthy individual.

- From all the data obtained, knowledge regarding kangaroo mother care among postnatal mother in average level.

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