KMC Acceleration Partnership: What's Next?

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KMC Acceleration

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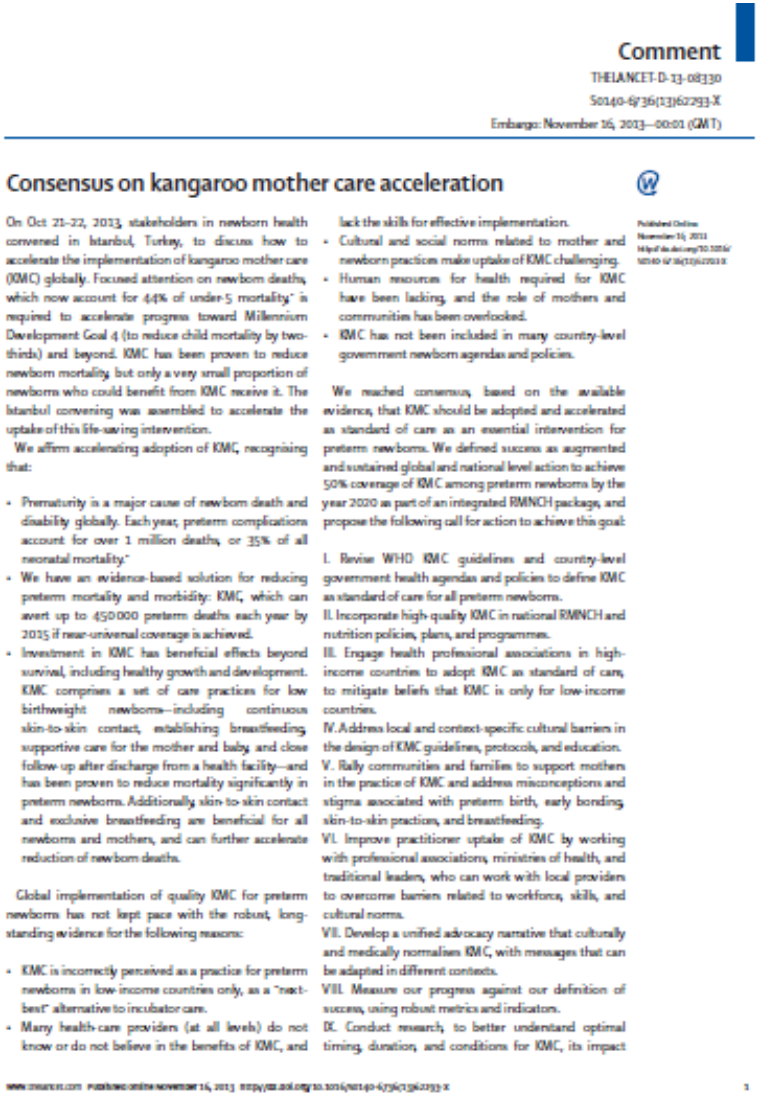
- Goals:
  - Accelerate uptake of facility-initiated KMC among preterm and LBW babies
  - 50% coverage of KMC among eligible newborns by 2020



Comment

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Consensus on kangaroo mother care acceleration

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On Oct 21–22, 2013, stakeholders in newborn health convened in Istanbul, Turkey, to discuss how to accelerate the implementation of kangaroo mother care (KMC) globally. Focused attention on newborn deaths, which now account for 44% of under-5 mortality,[1] is required to accelerate progress toward Millennium Development Goal 4 (to reduce child mortality by two-thirds) and beyond. KMC has been proven to reduce newborn mortality, but only a very small proportion of newborns who could benefit from KMC receive it. The Istanbul convening was assembled to accelerate the uptake of this life-saving intervention.

We affirm accelerating adoption of KMC, recognising that:

- Prematurity is a major cause of newborn death and disability globally. Each year, preterm complications account for over 1 million deaths, or 35% of all neonatal mortality.[1]
- We have an evidence-based solution for reducing preterm mortality and morbidity: KMC, which can avert up to 450 000 preterm deaths each year by 2015 if near-universal coverage is achieved.
- Investment in KMC has beneficial effects beyond survival, including healthy growth and development. KMC comprises a set of care practices for low birthweight newborns—including continuous skin-to-skin contact, establishing breastfeeding, supportive care for the mother and baby, and close follow-up after discharge from a health facility—and has been proven to reduce mortality significantly in preterm newborns. Additionally, skin-to-skin contact and exclusive breastfeeding are beneficial for all newborns and mothers, and can further accelerate reduction of newborn deaths.

Global implementation of quality KMC for preterm newborns has not kept pace with the robust, long-standing evidence for the following reasons:

- KMC is incorrectly perceived as a practice for preterm newborns in low-income countries only, as a "next-best" alternative to incubator care.
- Many health-care providers (at all levels) do not know or do not believe in the benefits of KMC, and lack the skills for effective implementation.
- Cultural and social norms related to mother and newborn practices make uptake of KMC challenging.
- Human resources for health required for KMC have been lacking, and the role of mothers and communities has been overlooked.
- KMC has not been included in many country-level government newborn agendas and policies.

We reached consensus, based on the available evidence, that KMC should be adopted and accelerated as standard of care as an essential intervention for preterm newborns. We defined success as augmented and sustained global and national level action to achieve 50% coverage of KMC among preterm newborns by the year 2020 as part of an integrated RMNCH package, and propose the following call for action to achieve this goal:

I. Revise WHO KMC guidelines and country-level government health agendas and policies to define KMC as standard of care for all preterm newborns.
II. Incorporate high-quality KMC in national RMNCH and nutrition policies, plans, and programmes.
III. Engage health professional associations in high-income countries to adopt KMC as standard of care, to mitigate beliefs that KMC is only for low-income countries.
IV. Address local and context-specific cultural barriers in the design of KMC guidelines, protocols, and education.
V. Rally communities and families to support mothers in the practice of KMC and address misconceptions and stigma associated with preterm birth, early bonding, skin-to-skin practices, and breastfeeding.
VI. Improve practitioner uptake of KMC by working with professional associations, ministries of health, and traditional leaders, who can work with local providers to overcome barriers related to workforce, skills, and cultural norms.
VII. Develop a unified advocacy narrative that culturally and medically normalises KMC, with messages that can be adapted in different contexts.
VIII. Measure our progress against our definition of success, using robust metrics and indicators.
IX. Conduct research, to better understand optimal timing, duration, and conditions for KMC, its impact

KMC Acceleration Partnership (KAP)

- KMC Acceleration Partnership (KAP) formed in late 2013 following Istanbul meeting

Summary of KAP strategy

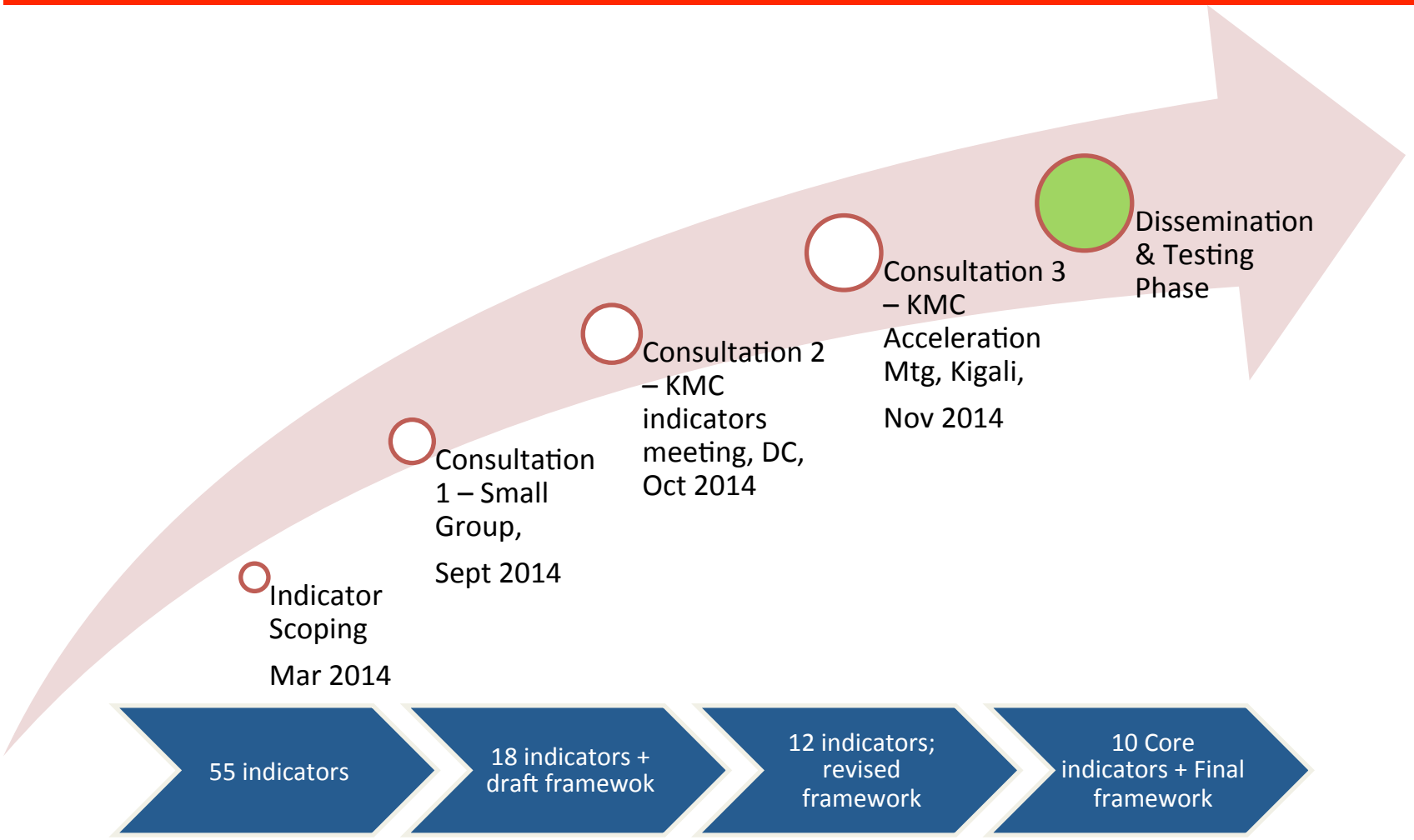
Vision: KMC should be adopted and accelerated as standard of care as an essential intervention for preterm newborns.

Goal: Augmented and sustained global and national level action to achieve 50% coverage of KMC among preterm newborns by the year 2020 as part of an integrated RMNCH package

Strategic areas

- Policy
- Research
- Monitoring & Evaluation
- Knowledge Management
- Advocacy
- Country support

KMC indicator development process



Overview of 10 Core KMC indicators

KMC Service Readiness

- National policy recommends KMC for low-birthweight newborns*
- National HMIS includes the number of newborns who received facility-based KMC care
- Costed national implementation plans for maternal newborn health include KMC
- Number and percentage of facilities with in-patient maternity services offering KMC meeting national minimum standards*

Action-Sequence for Facility-Based Kangaroo Mother Care

Identification of small newborns	KMC initiated and service provided per protocol	KMC completion to discharge	Follow-up to KMC graduation
• Percentage of newborns weighed at birth • Percentage of newborns identified as <2000g	• **Percentage of newborns who are cared for in facility-based KMC *[coverage indicator]*** • Percentage of KMC newborns who are monitored by HF staff according to protocol	Percentage of facility KMC newborns: 1) discharged according to criteria 2) left against medical advice 3) referred out 4) died before discharge	• Percentage of newborns discharged from facility-based KMC followed-up per protocol

***Countries to define minimum standards for KMC facilities**

KMC Policy/Clinical Guidelines: Context

- WHO preterm guidelines, Sept 2015

Recommendation	Strength of Recommendation and Quality of Evidence
7.0. Kangaroo mother care is recommended for the routine care of newborns weighing 2000 g or less at birth, and should be initiated in health-care facilities as soon as the newborns are clinically stable	Strong recommendation based on moderate-quality evidence
7.1. Newborns weighing 2000 g or less at birth should be provided as close to continuous Kangaroo mother care as possible.	Strong recommendation based on moderate-quality evidence
7.2. Intermittent Kangaroo mother care, rather than conventional care, is recommended for newborns weighing 2000 g or less at birth, if continuous Kangaroo mother care is not possible.	Strong recommendation based on moderate-quality evidence
7.3. Unstable newborns weighing 2000 g or less at birth, or stable newborns weighing less than 2000 g who cannot be given Kangaroo mother care, should be cared for in a thermoneutral environment either under radiant warmers or in incubators.	Strong recommendation based on very low-quality evidence

kangaroo mother care

A practical guide

Department of Reproductive Health and Research
World Health Organization
Geneva

Policy

Istanbul Declaration Call to Action	KAP Activity	Status
Revise WHO KMC guidelines and country-level government health agendas and policies to define KMC as standard of care for all preterm newborns.	KMC Clinical Standards Working Group	**Planned:** working group for 2015-2016. Work with WHO to: • Revise detailed clinical KMC guidelines • Provide inputs on referral, transport, follow-up and homecare • Adapt and contextualize guidelines at country level