

## Kangaroo mother care in Ghana

Kangaroo mother care for low-birthweight babies was introduced in Colombia in 1979 by Drs. Hector Martinez and Edgar Rey as a response to, inter alia, high infection and mortality rates due to overcrowding in hospitals. It has since been adopted across the developing world and has become an essential element in the continuum of neonatal care across the world.

The four components of kangaroo mother care are all essential for ensuring the best care options, especially for low birthweight babies. They include skin-to-skin positioning of a baby on the mother's chest; adequate nutrition through breastfeeding; ambulatory care as a result of earlier discharge from hospital; and support for the mother and her family in caring for the baby.

The most important method of spreading kangaroo mother care has been by means of training programmes. Often, the training remains confined to hospital settings. A new approach was adopted in Ghana under a kangaroo mother care (KMC Ghana) project undertaken in four regions, with the support of UNICEF and the South African Medical Research Council's Unit for Maternal and Infant Health Care Strategies. Instead of merely providing training, a longitudinal, 'open door' approach based on continuous support from health-care facilities was adopted.

Under the programme, kangaroo mother care is singled out for special attention for two to three years. This requires

participants to focus on one aspect of newborn care, implement it well and in the process integrate it into the normal spectrum of newborn care practices.

The implementation model identifies specific roles for districts and regions, depending on the way authority is devolved in a country. In Ghana, the region is the nodal point for implementation, with districts being responsible for the actual implementation actions. Although half of all births still occur at home, one of the cornerstones of the KMC Ghana project is the establishment of centres of excellence at regional hospitals and 24-hour, continuous kangaroo mother care in each district hospital.

Implementation is overseen by a KMC Steering Committee in each region, consisting of one member from each of the districts. These representatives, in turn, establish steering committees at the district level. Although the focus is on introducing KMC in district hospitals, other health care facilities and community organizations are also sought as partners.

While a comprehensive evaluation of the KMC Ghana programme has yet to take place, preliminary evidence suggests that it is effective in improving the survival of low birthweight babies and strengthening the bond between mothers and newborns.

*See References, page 109.*