

Implementing Kangaroo Mother Care in the preterm

infant unit of Potchefstroom Hospital

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BACKGROUND

Sister's Mmoloke and Mfunne were invited by the Maternal-Child Health Nurse Leadership Academy in collaboration with Johnson & Johnson, STTI and the School of Nursing Science of the North-West University (Potchefstroom Campus) to partake in a pilot project involving the development of nurse leaders in the health care setting. This development took the form of a research project that was aimed at the empowerment of parents of preterm infants and the empowerment of these parents and the community involved with the care of the infants.

At Potchefstroom Hospital a Kangaroo Mother Care (KMC) room was designated for use, but not fully utilized and in addition the staff did not support the implementation of Kangaroo Mother Care. Infants born prematurely were either admitted to the neonatal or premature units for further management, care and awaiting weight gain until discharge. During their stay in the unit the practice was to nurse them in incubators for warmth and growth. The mothers were not given the opportunity to fully participate and be involved in the care of their premature infants, which lead to them being afraid to touch, hold or feed their infants. Breastfeeding were not the standard choice of feeding, since infants were fed formula feeds. Fathers were also not at all involved in infant care or maternal support. In addition the readmission rate was on the increase and the morbidity and mortality was high.

PROBLEM STATEMENT

Skin-to-skin care of preterm infants is a well-known intervention with benefits such as improved growth, parental confidence and many more. In Potchefstroom Hospital a dedicated Kangaroo Mother Care room were made available for mothers and their preterm infants, however it was not utilized by parents, nor supported as preferred method of care by staff.

PURPOSE

The purpose of this project was to encourage active participation of mothers of preterm infants at the NICU and preterm units of the Potchefstroom Hospital in the North-West Province in the care of their infants by means of Kangaroo Mother Care.

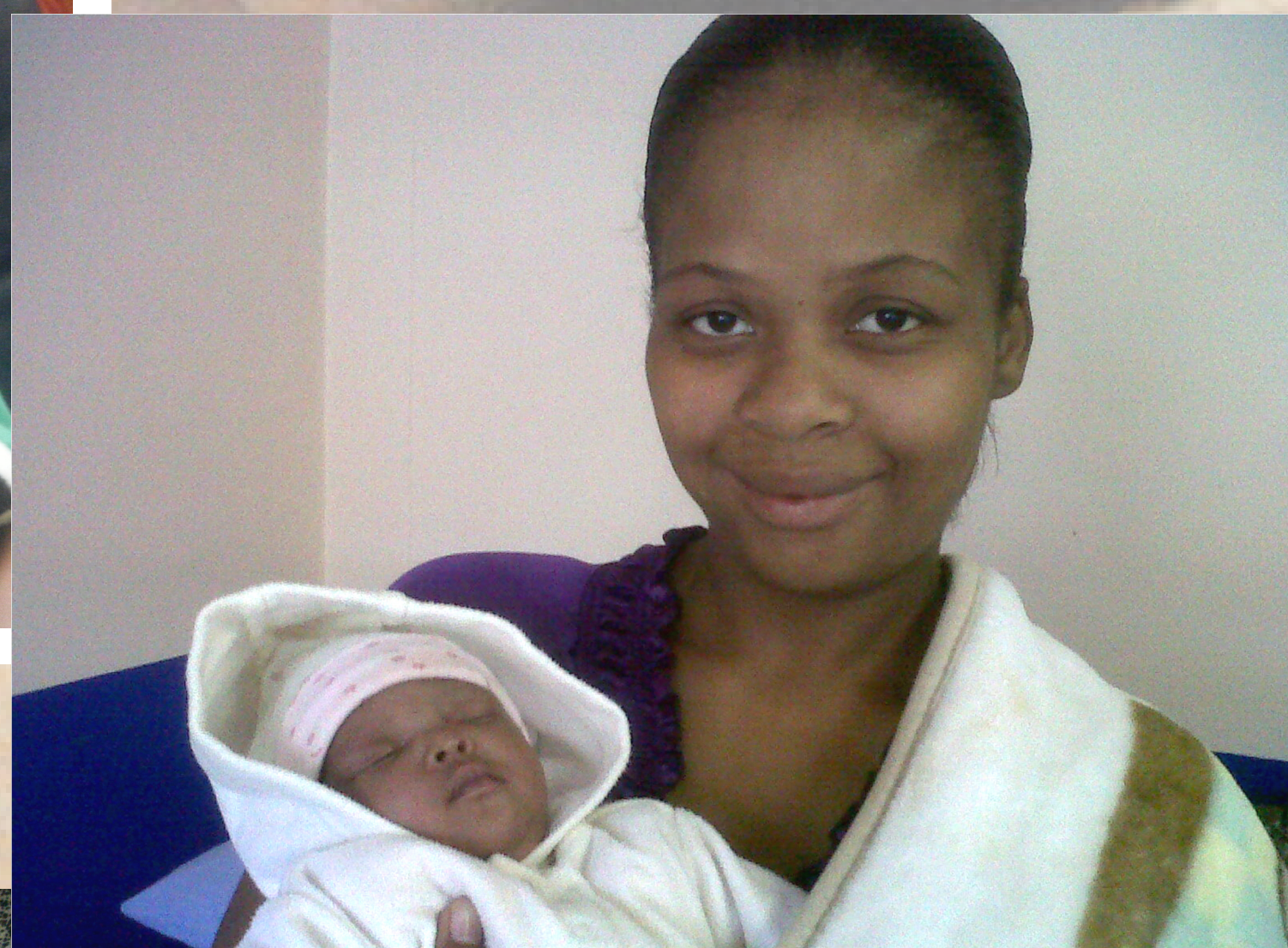
OBJECTIVES

- To ensure the participation of parents in the care of their infant while still admitted in the hospital and continuing this involvement at home.
- To improve parental confidence and satisfaction in the care of and involvement with their infants.
- To motivate staff to fully implement Kangaroo Mother Care in the neonatal and premature infant units.

METHOD

The time frame for the project was 18 months, during which time Bergh's model was utilized as a guide to implement a Kangaroo Mother Care unit in the preterm unit. This model was successfully used as implementation model in 65 countries, including South Africa and Ghana. The model correlates with the Logic model which is the leadership implementation model that was suggested by the Maternal-Child Health Nurse Leadership Academy and showed to be a suitable model for the implementation of a research project, as well as the development of nurse leadership.

Top management was given comprehensive information about the project; the vision and mission was shared, which resulted in full support from the hospital CEO. Staff was involved in the implementation process since they were informed on the project and given roles and tasks.



EVALUATION RESULTS

Data was collected from 60 patient files that were audited to determine infant outcomes pre- and post-implementation of the KMC unit. Checklists, questionnaires and interviews were used to gather data from mothers and staff.

The checklist aimed to determine the presence of KMC position, nutrition, discharge plan and follow up.

Position refers to the upright position between mother's breasts with only a woollen hat and a diaper.

Nutrition during KMC refers to breastfeeding and the use of expressed breast milk before the infant is mature enough to drink effectively and safely.

Discharge of KMC infants refers to the discharge of the infant at a weight of about 1.8kg, healthy infant and confident and capable mothers who are able to care for their infants.

Follow up of KMC infants is scheduled at one week from discharge and periodic home visits.

DISCUSSION

Mothers and fathers were encouraged to participate and utilize the facility, i.e. the KMC room. At first mothers were encouraged to lodge over weekends and this was soon extended to lodging for a full week. Realizing that they were content with being involved and taking part in caring for their infants, they volunteered to stay as long as they were allowed. This motivated their peers and the numbers increased. More and more mothers became interested in KMC. Initially only two mothers where lodging per month, but currently statistics show that up to 16 mothers utilize the KMC room during any given month. This also indicated an improvement in bonding and attachment between mother and infant. Mothers also practice ambulatory skin-to-skin care in the preterm unit. Father's started to show interest in their infants and started to take part in their care.

Benefits for the infants receiving KMC compared to conventional incubator care included a significant reduction in neonatal mortality, nosocomial infections, severe illness and maternal dissatisfaction, as well as no re-hospitalization to date.

Not only does KMC have benefits for parents and their preterm infants, but it also showed to have a positive economic effect in that the length of hospital stay of infants have been decreased by an average of five days, as well as a decrease in the use of formula milk, since mothers who practice KMC also tend to breastfeed their infants exclusively. In addition a breast milk bank was started at the Potchefstroom Hospital, which also led to better breastfeeding rates, but mothers could also donate milk to the bank, contributing to huge cost savings on formula use.

Finally, mothers, staff and management (hospital and provincial) participate in and support care of preterm infants in KMC.

NEXT STEPS

The project is on-going fully utilized in neonatal and premature unit. Outreach was done in Ventersdorp Hospital and this is planned to be continued in future to other areas in the Province. Advanced midwifery students from Excelsius Nursing College visited the unit for benchmarking and it is envisioned that Potchefstroom Hospital may set the tone for the role-out of KMC in the North-West Province. Full participation from the paediatrician and the doctors were obtained and can be strengthened, since the hospital is also a training facility for nearby universities in Potchefstroom and in Johannesburg.

LEADERSHIP JOURNEY

The mentee entered a life changing leadership journey, as she had the opportunity of developing leadership skills and lead a team to implement a successful project in a sustainable fashion. Although she experienced personal setbacks, she was still successful in her project and in collaboration with her mentor they've established a sustainable project that is beneficial for the community. The mentee took ownership of the project and became a champion for the project and an advocate for her patients (and their parents). The project team developed creative thinking skills in that they secured funding for their project with the help of their faculty leader and later on their own. This project was a long and hard journey, but it instilled self-confidence, self-assertiveness, and leadership of team members from different management levels, as well as peer-leadership and the ability to influence people positively. Most of this entire journey made a sustainable difference in the lives of the vulnerable preterm infants admitted to Potchefstroom Hospital as well as their parents and will soon make a more visible difference in the rest of the North-West Province.

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