

Leading Lactation Insights - June 2023

A monthly newsletter called Leading Lactation Insights, which features factual and scientific information with no product promotion. It covers cutting-edge breastfeeding & lactation research, clinical news, and expert insights for IBCLCs, lactation consultants, and maternal health professionals.



News You Can Use

Tools You Can Use

New Webinars

BREASTFEEDING AND INFANT HEALTH

- ➔ Exploring Tandem Breastfeeding Motivations Via Self-Determination Theory: An Interpretative Phenomenological Study Rocio Rodríguez Vázquez.../April 2023
- ➔ Association of Breastfeeding Practices During the First 3 Months with Infant Sleep Trajectories: A Prospective Cohort Study Weiming Wang.../January 2023

BREASTFEEDING OUTCOMES

- ➔ The rates and factors of perceived insufficient milk supply: A systematic review Yi Huang.../February 2021

HUMAN MILK IN THE NICU

- ➔ Mixed Feedings and Necrotizing Enterocolitis: The Proportion of Human Milk Matters Xiaoyun Xiong.../May 2023
- ➔ Early pumping frequency and coming to volume for mother's own milk feeding in hospitalized infants Deesha D Mago-Shah.../March 202

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Tools You Can Use

New Webinars

Medela's Breastfeeding & Lactation Symposium Resources

Maria Lennon, MSN, CNM, IBCLC

Kangaroo Mother Care: A Practical Guide - This guide is intended for health professionals responsible for the care of low-birth-weight and preterm infants. Designed to be adapted to local conditions, it provides guidance on how to organize services at the referral level and what is needed to provide effective kangaroo mother care. The guide includes practical advice on when and how the kangaroo-mother-care method can best be applied. Download it for free.

<https://www.who.int/publications/i/item/9241590351>

Kangaroo Mother Care (KMC) Scale-Up Toolkit - provides a set of resources and tested instruments that were developed as part of the implementation research for accelerating the scale-up of KMC in seven sites in India and Ethiopia.

<http://www.unpc.org/kmc/>

Healthy Newborn Network Kangaroo Mother Care Toolkit - This is a comprehensive collection of resources and includes posters, PowerPoint presentations, Workbooks, Implementation Guides, collection of articles, and others.

<https://www.healthynewbornnetwork.org/kangaroo-mother-care-toolkit/ #;>

Kangaroo Mother Care Implementation Guide - The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health flagship maternal and child health (MNCH) program.

<https://www.mchip.net/sites/default/files/mchipfiles/MCHIP%20KMC%20Guide.pdf. #;>

Implementation Toolkit for Small and Sick Newborn Care is co-created by NEST360 and UNICEF with inputs from global partners. This toolkit brings together knowledge, experiences, resources, and learnings for implementing small and sick newborn care services.

<https://www.newborntoolkit.org/toolkit/family-centered-care/kangaroo-mother-care?tab=overview>



Clinical Pearls in Lactation

This column is for lactation practitioners to share clinical challenges, successes, observations and pearls of wisdom with colleagues. If your submission is selected for publication in a future issue of Human Milk Insights, you will receive a \$25.00 VISA gift card.

[SUBMIT YOUR PEARL](#)

Kangaroo Mother Care: Improving Survival for LBW Infants

Maria Lennon, MSN, CNM, IBCLC

When talking about Kangaroo Mother Care (KMC), many people think it's holding baby skin-to-skin, but there's a whole lot more to Kangaroo Mother Care than that. KMC is sometimes confused with skin-to-skin (sts) care after birth. The World Health Organization recommends sts care immediately after delivery for every newborn regardless of birth weight, but Kangaroo Mother Care is a special intervention for low birth weight (LBW) or preterm infants.

What is Kangaroo Mother Care?

Kangaroo Mother Care is an intervention to care for preterm or low birth weight (LBW) infants, which involves continuous skin-to-skin care starting as soon as possible after birth and exclusive breastfeeding, allowing for early discharge from the hospital to home and close follow-up afterward. This type of care has been shown to decrease mortality and morbidity in preterm and low birth weight infants by providing warmth, regulating temperature, heart rate, and respirations, and contributing to the growth and neurological development of infants. According to a 2016 study, KMC is highly effective in preventing neonatal mortality – up to 40%.

A recent study published in the NEJM in 2021 showed an additional 25% decrease in morbidity and mortality for newborns who began KMC immediately after birth compared to those who began KMC after stabilization, especially in infants weighing between 1000 – 1790 grams. KMC care can begin while stabilizing care is being provided to the mother and newborn.

How Kangaroo Mother Care Began

In the 1970s at San Juan de Dios Hospital in Bogota, Colombia, Dr. Edgar Rey Sanabria and Dr. Hector Martinez faced overcrowding in the hospital and an extremely high mortality rate for premature babies that were often squeezed three at a time into incubators. By studying how kangaroo mothers care for their newborns by constantly carrying them in a pouch, these doctors tested the theory on humans by encouraging new mothers or surrogates to hold these vulnerable babies skin-to-skin continuously after birth. Newborn deaths and infections declined immediately.

Survival of babies weighing 501-1000 grams **rose from zero** with conventional special baby care unit care in 1975-76 **to 72%** in 1979-81 with Kangaroo Mother Care! **Survival** of babies weighing 1001-1500 g **rose from 27%** in 1975-76 **to 89%** in 1979-81!

Latest research

A Cochrane Review published in 2016 reviewed the data available on kangaroo care for low birth-weight babies, mainly in developing countries. The analysis included 18 studies with more than 2,700 infants. Compared with conventional neonatal care, the review found that kangaroo care reduced the risk of infection, hypothermia, respiratory disease, and death. Babies who experienced kangaroo care grew more quicker and were more likely to breastfeed.

Current World Health Organization (WHO) recommendations indicate starting kangaroo mother care only after the baby is stabilized in an incubator or warmer, which can take 3-7 days, on average. In 2021 a clinical trial published in the *New England Journal of Medicine* suggests that when compared with the existing practice of waiting to begin kangaroo mother care until after a baby is stable, starting immediately after birth can increase survival by another 25%. This **would save up to 150,000 more lives each year!** In light of the new evidence, the World Health Organization is reviewing the current KMC guidelines published in 2015.

In some countries, **Mother-Newborn ICUs** have been established so that mothers can always be with their babies to provide continuous kangaroo care. Mothers are able to receive postpartum care without being separated from their infants. If a mother is not well enough to care for her baby, a surrogate provides care so that KMC is continuous.

Kangaroo Mother Care has been shown to be an effective medical treatment for LBW and premature babies. This low-tech option offers the opportunity to improve babies' health and save lives across the globe. New research suggests KMC would improve infant health around the globe in both high-income countries as well as developing countries.

International Kangaroo Mother Care Awareness Day

Since 2011, May 15 has been designated as International Kangaroo Care Awareness Day. It is a day to increase awareness and celebrate the practice of kangaroo care. November 17 is recognized as World Prematurity Day, another day to increase awareness and educate on the benefits of the life-saving practice of KMC.

References:

Website:

www.kangaroomothercare.com

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Spotlight on Practice

This column is for lactation practitioners and facilities who wish to acknowledge the work of others. We invite you to submit suggested practitioners or facilities you would like to spotlight. If you have a suggestion, email education@medela.com.

[SEND A NOMINATION](#)

This month we are spotlighting Dottie Fisher, RN, IBCLC, CLEC

Megan Quinn

Dottie Fisher, RN, IBCLC, CLEC, is a nurse and board-certified lactation consultant at the military hospital at Travis Air Force Base in California. As a native Californian primarily hailing from the Bay Area and Sacramento regions, Dottie decided to pursue healthcare as a profession because she remembers being attracted to the nursing field for "as long as I can remember." Though she shares that she was talked out of it a couple of times when she was younger, "there comes a time in your life when you decide to ignore the advice of others and pursue your dreams," Dottie says. "That led me straight to nursing school, and I never looked back!"

Dottie eventually became an IBCLC because she always wanted to focus on OB nursing and especially enjoyed working on the postpartum unit while in nursing school. She says she was lucky enough to start her career in a mother-baby unit, where she continued to work for nearly ten years. "During that time, I was a new nurse and had no seniority," Dottie shares. "So, I started on the night shift, where there was no lactation support." She began pursuing additional education and training specifically around lactation to help her patients get through the night better. "I discovered that I not only had a knack for it, I also loved it!" says Dottie. "My specialty in lactation continued to grow from there."

Today, Dottie is the only RN, IBCLC on the Travis Air Force Base, and she sees both inpatient and outpatient couplets in her practice. She says that when she arrived at this hospital, the lactation department was essentially non-existent, and she has been working hard to shape it into a helpful, supportive resource for their Tricare patients. However, Dottie notes that the military education for providers around breastfeeding isn't very current, so she occasionally experiences pushback when working with patients from providers who don't fully understand lactation or the maternal and infant health benefits of breastfeeding. To resolve this, Dottie is developing lactation education for providers, particularly because she works at a teaching hospital and would like to ensure that the residents benefit from practical, up-to-date, and evidence-based lactation education. "This will both better help our patients and help the residents in their future practices when working with young families," Dottie notes.

Though her healthcare facility is a large military hospital, Dottie shares that it is not Baby-Friendly. She is currently working on getting the 10 Steps to be the standard of care to ensure more education for parents-to-be and healthcare providers around lactation management and normal newborn behaviors. Additionally, Dottie has been named Nurse of the Month an incredible five times during her tenure at the Travis Air Force Base and is acting as a consultant for a friend writing a doctorate dissertation on postpartum depression, which she will receive credit for once published.

Outside of work, Dottie enjoys spending time with her family and friends. She also enjoys home improvement and decorating projects and has a lot of fun imagining and designing her space in her spare time. Thank you for your commitment to lactation education and for helping both parents and providers understand the important benefits of human milk!