INTRODUCTION

Caring for the low birth weight infants is a very complex and specialized delivery service supported by highly sophisticated medical intervention and technology, and requiring skilled and committed professionals.

Edgar Rey, in Bogota, Colombia in 1978 initiated what became known as Kangaroo Mother Care (KMC), as a response to both lack of high cost incubators, and the ill effects of mother – infant separation. Prolonged and continuous skin-to-skin contact, breastfeeding and early discharge constituted the basics of this intervention, which empowered mothers by returning them to their basic role as primary providers for the physical and emotional needs of their fragile infants **(Rey and Martnez, 1983)**.

Results of a multi-center trial conducted in five countries to evaluate in-hospital KMC reported a very good acceptance of KMC by health personnel in all 5 participant centers, which represented very difficult cultures. It also showed that KMC might save costs in hospitals of developing countries **(Cattaneo et al., 1998)**. Charpak and his collegues in 1997, conducted a randomized controlled trial which confirmed the safety regarding mortality, and even suggested an almost two fold reduction in

mortality risk in kangaroo infants. Kangaroo infants' early growth was as good as for control infants, and when they reached one year of corrected age, head circumferences of kangaroo infants were slightly better than those of control infants. In addition, nosocomial infections were much more frequent in control infants and total hospital stay was longer **(Charpak et al., 1997)**.

Evaluation of kangaroo mother – child relationship as compared to control families was conducted by Tessier and his collegues in 1998. The main findings of their study were that kangaroo mothers had a better feeling of competence for caring for their low birth weight infants. Also, kangaroo mothers had benefits of their attitude, sense of mastery and self-esteem. They were also more sensitive to health and developmental needs of their infants who were at higher risk for developmental impairment and general morbidity **(Tessier et al., 1998)**.

Very few papers dealt with the effectiveness and safety of KMC in less developed countries. In spite of the KMC appeal, more rigorous scientific evaluation is still needed to allow its widespread use for the benefits of its good impacts on neuropsychological and emotional development of infants and the wonderful economic consequences of the use of this method **(Charpak et al., 2000)**.

For valuable effects of KMC obtained from different studies till now, more research is needed to clearly define the effectiveness of the various components of the intervention in different settings and for different therapeutic goals **(Charpak et al., 2005)**.