

## **INTRODUCTION**

Kangaroo mother care (KMC):- Universally available and biologically sound method of care for all newborns, but in particular for premature babies (*Bergman2000,*).

**Successful KMC includes:-**

### **1) Continuous skin to skin Care**

Between the baby and mother. Baby born in upright position between the breast so the more skin to skin contact is better the outcome(*Bergman2000,Charpak et al, 2000.*)

### **2) Exclusive breastfeeding**

This means that for an average mother expressing her breast milk or direct suckling by the baby is all that is needed. But very premature babies supply of some essential nutrients may be indicated (*Bergman2000,*).

### **3) Support to the dyad**

Means that whatever is needed for medical, emotional, psychological and physical well being of mother and baby is provided to them without separating them. This might mean adding ultra modern equipment if available or purely intense psychological support in context with no resources (*Bergman2000*).

Results of a multicenter trial conducted in five countries to evaluate 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 Charpak and his colleagues in 1997, conducted randomized controlled trial which confirmed the safety regarding mortality, and even suggested an almost two fold reduction in mortality risk in Kangaroo infant .Kangaroo infant's early growth is good as for control infants,. In addition nosocomial infections were much more frequent in control infants and total hospital stay will be longer (*Charpak et al., 1997*).

Surprisingly, the smaller the baby was down to 1200 grams the more stable they were and the more unstable in the incubator this is opposite to what people think.

Depriving babies of this skin to skin care makes alternative stress pathways. This can lead to Attention deficit disorder (ADD), colic&sleep disorder ect. Surprisingly incubators are still used for the vary reasons of stabilizing the baby when they in fact do the opposite (*Bergman2000*,).

Unfortunelley KMC implementation in Egyptian neonatal intensive care units (NICUs) is facing much resistance and is not being implemented routinely.

Egypt is a developing country whereby neonatal incubator care is exceedingly expensive and places much cost on the health care system. KMC is a non-expensive, cost effective safe procedure with better outcomes on the health, growth and development of babies. Hence reduce hospital stay and use of equipment can be reduced by KMC.