Kangaroo Mother Care in the Philippines
What is KMC?

*Kangaroo mother care* is a method to stabilize preterm as well as healthy infants through skin to skin contact with the caregiver.
KMC History in the Philippines

The Philippines is one of the pioneer countries in Asia to implement and practice KMC

- Dr. Socorro Mendoza and another team member were sent to train and learn about KMC in Bogota, Columbia in 1999
- The KMC program was then piloted at the Dr. Jose Fabella Memorial Hospital in Manila
- The Bless-Tetada KMC Foundation was established in 2008 to ensure rapid and continual development of KMC nationwide
History Continued

- Procedures and protocols were standardized for training, implementation, research, monitoring and accreditation were developed under the Bless-Tetada KMC Foundation
  - In 2010-2011 the Mariano Marcos Memorial Medical Center in Region 1 was the first hospital that was accredited as the first KMC Center of Excellence
  - In 2012 the Eastern Visayas Regional Medical Center was established as the second Center of Excellence

“After only two years, the Fabella Hospital experience which showed a significant impact on the hospital’s neonatal mortality, training for implementation was expanded to seven (7) key hospital facilities in Metro Manila.”

“As of September 2013, three KMC centers of excellence have been accredited and four other centers are in the implementation stage, in various regions across the country.”
List of KMC facilities in the Philippines:

- Dr. Jose Fabella Memorial Hospital (Manila, National Capital Region)
- Mariano Marcos Memorial Hospital and Medical Center (Batac, Ilocos Norte, Region 1)
- Eastern Visayas Regional Medical Center (Tacloban City, Region 8)
- Southern Philippines Medical Center (Davao City, Region 11)
- Gat Andres Bonifacio Memorial Medical Center (Manila, National Capital Region)
- Western Visayas Regional Medical Center (Iloilo City, Region 6)
- Davao Regional Hospital (Tagum City, Region 11)
- Philippine General Hospital-UP Manila (National Capital Region)
- St. Luke’s Medical Center (Quezon City, National Capital Region)
- All 12 lying-in clinics under the Manila Health Department
Worldwide, preterm birth (15%) is the second leading factor of childbirth death after pneumonia (17%).

With over 2.3 million births per year and a population of more than 98 million, the Philippines is one of the most populated Southeast Asian countries and the world.

In 2011, more than 10,000 babies died on the day they were born.

Premature and low birth weight (LBW) newborns alone accounts for 40% of newborn deaths in the Philippines.

According to the United Nations International Children's Emergency Fund (UNICEF) back in 2003 and 2009:
- For every 100,000 births, 160 women die.
- 7 out of 10 deaths occur during childbirth or within a day after delivery.
- 4 out of 10 deaths resulted from complications and infections.
- 8 out of 10 births in rural areas are happens outside a health facility.

According to the Philippine Statistics Authority in 2014:
- The median age women are giving birth is 27.
- An average of 200 babies are born every hour.
- Six out of ten births are in Luzon.
- Nine out of ten births are attended medically.
- Female teenage births have increased.
Danica May Camacho & “Unang Yakap”

- Danica became a **symbol of progress in accessible health services** and was the world’s 7th billion person
  - She was one of the 350,000 babies born preterm every year in the Philippines
- “The “Unang Yakap” program, meaning **First Embrace**, is a campaign of the Philippines’ Department of Health (DOH), in cooperation with the World Health Organization (WHO), to adopt the Essential Intrapartum and Newborn Care (EINC) guidelines for the safe and quality care of mothers and their newborns.”
  - The program stresses:
    - the importance of delayed bathing
    - thorough drying of a newborn
    - early skin-to-skin contact with the mother
    - early and exclusive breastfeeding
    - properly timed cord clamping.
How they practice KMC

- There are no special devices needed - only a caregiver, infant and cloth or a recliner if a blanket is used
- Baby is in a diaper and placed on caregiver’s chest
- The caregiver and baby is covered and the warmth of the caregiver’s body starts stimulating the infant
The effects of KMC

- Early discharge
- Promoted regular breastfeeding
- Decreased infections (sepsis, hypothermia, illnesses, lower respiratory tract diseases)
- Reduce infant mortality rates
- Decreases overall cost of care for the family
- Decrease depression in mothers
- Mother and infant bonding
Benefits extend beyond mother and infant...

- Positive social impact includes:
  - Lower abandonment rates
  - United families
  - Inexpensive for government to implement
  - 450,000 newborn deaths per year globally can be prevented through KMC
  - 51% mortality reduction through KMC for newborns under 4.5lbs (2000g) compared to infants in an incubator

- Moving forward, they are going to integrate LBW follow-up care in local government policy units so it can be implemented throughout the facilities, conducting more research and gather data to keep track of the progress.
Case Study:

The three waves in implementation of facility-based kangaroo mother care: a multi-country case study from Asia

- The case study illustrates the complexity of KMC development in these countries.
- These materials were developed to help with the expansion of KMC in these countries.
- Expansion is different for all.

Table 4: KMC materials developed in the different countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Institution</th>
<th>Materials and records</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>All India Institute of Medical Sciences (AIIMS) and partners</td>
<td>India KMC website (<a href="http://kmcindia.org/">http://kmcindia.org/</a>), Posters, Pamphlet with KMC guidelines, Video</td>
</tr>
<tr>
<td></td>
<td>King Edward Memorial (KEM) Hospital &amp; Seth Gordhandas Sunderdas Medical College</td>
<td>Manual of training of trainers, Video refined, Booklets in different languages for health personnel and community</td>
</tr>
<tr>
<td></td>
<td>Individual hospitals</td>
<td>Specific records and KMC charts</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Indonesia Health Services Program</td>
<td>Posters and flipcharts, Videos</td>
</tr>
<tr>
<td></td>
<td>Perinasia</td>
<td>Video, booklet, Training materials</td>
</tr>
<tr>
<td></td>
<td>Individual hospitals</td>
<td>Adapted available material from elsewhere, Developed own material</td>
</tr>
</tbody>
</table>
Case Study: Table 5

The three waves in implementation of facility-based kangaroo mother care: a multi-country case study from Asia

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>- Government policies and initiatives -</td>
<td>- Focus on infant and child survival -</td>
<td>- Neonatal Task Force Group (2013) - development of KMC guidelines -</td>
<td>- KMC integrated into the India Neonatal Action Plan (I N A P) (2014) -</td>
</tr>
<tr>
<td></td>
<td>- 3 centres of excellence introduced KMC services in 2003 -</td>
<td>- Half the facilities that responded to the self-report survey introduced KMC after 2008 -</td>
<td>- Neonatal Task Force Group (2013) -</td>
<td>- Neonatal Task Force Group (2013) -</td>
</tr>
<tr>
<td></td>
<td>- Training initiatives (2002–5) -</td>
<td>-</td>
<td></td>
<td>- Neonatal Task Force Group (2013) -</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Revised Standards for Hospital Accreditation (2012) -</td>
<td>- Further attempts to institutionalise KMC -</td>
<td>- Further attempts to institutionalise KMC -</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 2 centres for practical training -</td>
<td>- Support for 10 hospitals (2000–10) -</td>
<td>- Support for 10 hospitals (2000–10) -</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Coordination of training by Perinatals -</td>
<td>- Support for 10 hospitals (2000–10) -</td>
<td>- Support for 10 hospitals (2000–10) -</td>
</tr>
<tr>
<td>Philippines</td>
<td>Government policies and initiatives -</td>
<td>- New policies and protocol on essential newborn care (2009) -</td>
<td>- Initiation of the Program for Care for the Small Baby that includes the full KMC package (2015) -</td>
<td>- Initiatives to promote KMC -</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Strategic Continuity in care approach -</td>
<td>- Technical/equipment support (2011) -</td>
<td>- Technical/equipment support (2011) -</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Institutionalisation of essential newborn care (ENC) -</td>
<td>- 10 neonatologists trained as trainers by the Bbox-Tab-Taddha KMC Foundation -</td>
<td>- 10 neonatologists trained as trainers by the Bbox-Tab-Taddha KMC Foundation -</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Accreditation of a further 2 centres of excellence -</td>
<td>- Accreditation of a further 2 centres of excellence -</td>
</tr>
</tbody>
</table>
Case Study continued

The three waves in implementation of facility-based kangaroo mother care: a multi-country case study from Asia

- Table 5: describes the waves of KMC expansion in the three waves

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>Government policies and initiatives</td>
<td>-</td>
<td>• New policies and protocol on essential newborn care (2009) – close collaboration with Safe Motherhood • ‘First Embrace’ (essential intrapartum newborn care) (2012)</td>
<td>• Initiation of the Program of Care for the Small Baby that includes the full KMC package (2015)</td>
</tr>
<tr>
<td>KMC implementation</td>
<td></td>
<td>• 1 centre of excellence with 1 city-wide network on KMC through local government unit (Manila)</td>
<td>• 2 additional centres of excellence with 3 more being developed (Bless-Tetada KMC Foundation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Development of 10 more centres through the Bless-Tetada KMC Foundation • 5 other centres being developed through Dr Jose Fabella Memorial Hospital • From 2013 to 2015: • Expansion from 13 to 51 facilities with KMC services (44 public and 7 private hospitals) • Expansion from 4 to 16/17 regions • 22 facilities trained in the Program of Care for the Small Baby (2015)</td>
<td></td>
</tr>
</tbody>
</table>
The follow up

- “Tracking moms and babies long term to substantiate the effectiveness of KMC for infant and pediatric health”
- Not as effective as many parents are hard to contact - still working on it

They are also working on:
- Establishing national guidelines to make this available in all facilities - where babies are being born
- Incorporating KMC into clinical training manuals
In comparison to Honduras

- **Similarities**
  - Many public hospital’s conditions are similar to that in Honduras
    - Missing doorknobs on NICU doors
    - Lack of resources
    - Wrong sinks utilized in the hospital
    - KMC does not require special equipment

- **Differences**
  - Since 1999, accredited KMC Center of Excellences have been established
    - Uncertain about Honduras’ accreditation
  - Follow-ups are taking place in the Philippines where Hondurans aren’t quite there yet
References:


