

## **Improving Outcome of Premature and Low Birth Weight Babies through Kangaroo-Mother Care (KMC) - Experience from Bangladesh**

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In Bangladesh about 77000 newborns die each year and almost 9 babies die every hour largely due to preventable causes. Major killers are Prematurity and its complications, Perinatal asphyxia and Sepsis. According to World Bank data, NMR in Bangladesh was 23.3/1000 live births in 2015. Our target is to reduce this NMR to 12 by 2030 to fulfill the SDG goal. To meet this huge challenge Bangladesh Government has prioritized KMC intervention to reduce death from prematurity. It is evidenced that it reduces nosocomial infection, hypothermia by 50-60% and improves rate of exclusive breastfeeding and thereby reduces neonatal mortality. In Bangladesh, a missionary hospital in the northern district has been practicing KMC since 1990. In 2013 Government of Bangladesh took steps to introduce KMC at the facility level. Development partners like WHO, UNICEF, Save the Children came forward to help Bangladesh Government in scaling up KMC. Dhaka Shishu Hospital (DSH), the largest Pediatric hospital in the country launched KMC in Aug 2013. Following that some other tertiary and secondary level facilities also started KMC. In a district at Northern part of Bangladesh KMC started in 6 hospitals and till this April 262 babies received KMC and showed incredible success. Upto Dec 2016 total 1704 preterm babies were admitted in neonatal ward of DSH and out of these 522 babies were managed by KMC. Average weight of KMC babies was 1340gm. We have observed that rate of exclusive breast feeding increased upto 90% which is 60% in non KMC babies. Rate of wt gain was found better in KMC babies than non-KMC babies ( $18\pm 6\text{g/day}$  vs  $13\pm 5\text{g/day}$ ). KMC babies suffered less from hypothermia (3% vs 30%). Apnoea episodes was less in KMC babies (8% vs 15%). KMC is an effective intervention, especially for developing countries to reduce neonatal mortality and morbidity from prematurity.