

RESULTS OF THE SRI LANKAN AND ALBANIAN TECHNICAL INTERCHANGE ON MOTHER KANGAROO METHODOLOGY

Document prepared by
Drs. Dhammica Rowel, Kumuduni Cooray, Shiromi de Silva

June 2010

The mission to Albania of representatives of public health institution of Sri Lanka was held from 10 to 12 May 2010, following the interest of the Country in the implementation of Mother Kangaroo Care methodologies and the previous contacts activated in the framework of the ART GOLD programmes of the two Countries. During the mission, organized jointly by the Albania and Sri Lanka ART programmes, the Sri Lanka health experts interchanged experiences with the Albanian Health authorities and received information on the implementation of the Kangaroo Mother Care (KMC) Method in Albania, in order to define conditions and needs for the application of the method in Sri Lanka.



The Sri Lanka delegation was composed by: Dr. Dhammica Rowel, Consultant Community Physician and National Programme Officer of the Newborn Care Programme in the Family Health Bureau of the Sri-Lankan Ministry of Health; Dr. Kumuduni Cooray, Consultant Pediatrician from the Base Hospital of Diyatalawa in the Uva Province; Dr. Shiromi de Silva, Medical Officer in the Mother and Child Health Office of Badulla in the Uva Province.

Doctor Edi Tushe, Chief of the Neonatology Ward of the Obstetric-Gynecological Hospital Koco Gtizheni of Tirana, pioneer of the implementation of mother-kangaroo method in Albania, provided technical assistance to the Sri Lanka delegation.

The mission activity has been articulated through visits to Albanian maternity hospitals as well as meetings with health authorities and with the project staff of ART GOLD Albania which, in collaboration with IDEASS, supported in the past years and still promotes the use of KMC throughout the country. During the mission, the Sri Lanka representatives could get an overview on how the method was introduced in Albania, at the national and regional level, and how it has been adopted and successfully integrated in to the regional health system. Besides this, the Sri Lankan experts had the chance to present to the Albanian colleagues the Sri Lankan context on newborn care, particularly in the Uva Province, receiving technical information and advocacies for improvements.

At the end of the mission, the Sri Lanka representatives expressed appreciation for the mother and child care model observed in Albania and drafted a plan of action for an immediate implementation of these methodologies in Sri Lanka. The main topics have been of initiating the piloting of a similar project in the southern Uva Province, where the newborn care situation is particularly critical, conducting a training programme in KMC directed to health professionals and developing standards and protocols of quality for the Public Health System in Sri Lanka. The project will be then extended to other Provinces of the Country.



Background and need to strengthen Kangaroo Mother Care in Sri Lanka

Sri Lanka is a developing country which has shown remarkable achievements in maternal and newborn health in the last few decades. The neonatal mortality is 7.4/1000 live births (Registrar General, 2006) and the country is on track in achieving the Millennium Development Goals and the country specific targets by the year 2015. In the present context neonatal mortality constitutes the major bulk of infant mortality, and further reduction of infant mortality definitely means reducing neonatal mortality. Further reduction of neonatal mortality in the present time is achievable only if the quality of neonatal care is improved in the country. Provision of quality neonatal care would not only reduce neonatal mortality but also reduce morbidity for the newborns. To meet this requirement the national newborn care programme has initiated many targeted interventions.

One of the goals of the national newborn care programme is to provide quality essential newborn care to all the newborns in the country. As 98% of the deliveries are taken place in hospitals, staff training and introduction of evidence based new concepts of essential newborn care has been identified as a strategy to achieve the above mentioned goal. Sri Lanka adopted and propagated the WHO Essential Newborn Care Course (ENCC) in Sri Lanka from the year 2006. The course material on ENCC was adopted for Sri Lanka by a local group of experts and translated in to Sinhala and Tamil. The Trainer Guide and the Participant Manual of the ENCC and the PCPNC guide have all being translated into Sinhala and Tamil and printed books are available for training.

Kangaroo Mother Care is one of the optional modules in the Essential Newborn Care Course which Sri Lanka has opted to take up. It provides the technical know-how and the skills based on a few lectures with some videos on Kangaroo Mother Care. Following training on ENCC, Kangaroo Mother Care is practiced by a handful of institutions in Sri Lanka. Hence, there is little room to provide hands on practice on this method for the participants in the ENCC.

According to the most recent Demographic Health Survey (2006) among the children of 0 -59 months, 16.6% has a birth weight less than 2.5kg. There is marked District variation in low birth weight. Districts like Matara (20%), Galle (20.7%), Kegalle (21.6%), Ratnapura (18.6%), Anuradhapura (17.9%), Badulla (22%), Nuwaraeliya (33.5%), Monaragala (17.6%), Trincomalee (20.2%) and Kandy (19.3%), the prevalence of low birth weight is much higher than the national average. Also with the developments in obstetric care, more and more premature babies born and are directed for care in the Special Care Baby Units.

Hence there are a large proportion of newborns that are in need of special care facilities. In Sri Lanka, the Teaching, General and Base Hospitals are equipped with Special Care Baby Unit facilities. However, in most of the institutions the availability of high tech equipments like incubators is not at the optimum level. Lack of such technological resources means more than one neonate is placed in one incubator or the incubators are used over and over again without attending to proper cleaning procedures due to heavy demand. Also some mothers stay in hospitals for many days only until the baby gains adequate weight to be discharged.

Kangaroo Mother Care is identified as a very important modality to improve the neonatal outcome in Sri Lanka by the National Newborn Care Programme of the Family Health Bureau of the Ministry of Health in Sri Lanka. While improving the prognosis and outcome of low birth weight babies this method also strengthen the mother/father – child bonding, prevent hypothermia and encourage breast feeding.

Way forward for further improvement of Kangaroo Mother Care in Sri Lanka

- The Programme Officers developing Newborn Care programmes and the Consultants managing the low birth weight and premature newborns need more experience and hands on practice on Kangaroo Mother Care to develop the services in the country. The capacity of the relevant Consultants needs to be strengthened with more exposure to the practice of Kangaroo Mother Care in the real life setting so that they can implement the practices in the institutions.
- Technical expertise on setting up Kangaroo Mother Care services is lacking in the country setting. Technical expertise for setting up the services would be an advantage.
- One or two institutions have to be set up with model units practicing Kangaroo Mother Care. These centers can be used as training centers for the medical, nursing and midwifery staff training on Kangaroo Mother Care.
- Invariably Kangaroo Mother Care has to be part of essential newborn care and the training will be incorporated to Essential Newborn Care Training.

In order to provide hands on experience to the Programme Officers developing Newborn Care programmes and the Consultants managing the low birth weight and premature newborns, the UNDP Art Gold 2 organized the technical mission for the Sri Lankan group of officers in Albania from the 10th May, 2010 - 12th May, 2010. The mission objectives were the following:

- Gain knowledge and experience on Mother Kangaroo Method, strengths and weakness of the method
- Get an overview on how the method was introduced in Albania (with a focus on the regions) and how it has been adopted and successfully integrated in to the regional health system
- Learn Albania's experience in implementing the method: awareness on the required technical expertise and operational necessities for setting up of Mother Kangaroo care service
- Get practical-medical knowledge on the method – exposure at hospitals where the method is successfully implemented
- Exposure to the real life benefits and effects of using the Mother Kangaroo Method
- To present the Sri Lankan context on newborn care particularly in the Uva region to the Albanian expertise on Mother Kangaroo Method for their information and advocacies for improvements

Activities and results

The Sri Lankan team met the officials of the ART GOLD programme in Albania, Mr Luigi Cafiero, Country Technical Advisor and Mr Estevan Ikonomi, National Programme Officer. The team briefly explained the ART programme and the evolution of the Mother Kangaroo Method in Albania supported by the programme. Originally the project was supported in the Region of Tirana and later on has extended to the Regions of Shkoder and Dures.



Visit to the Obstetric-Gynecological Hospital *Koco Gtizheni* Tirana

Dr. Edi Tushe, Chief of the Neonatology Ward, explained the history of Mother Kangaroo Care in his hospital which was started about 6 years back. It was started by the inventor of Mother Kangaroo Method Dr Hector Martinez of Colombia, who initiated the process by presenting the experience at an International Conference in Tirana.

All the low birth weight (intrauterine growth retardation and pre term) stable babies were given for Mother Kangaroo care as soon as possible after birth, which has helped in preventing hypothermia, preventing infections, early establishment of breast feeding and short Special Care Baby Unit (SCBU) stay. The hospital is practicing the Intermittent Kangaroo Care Method for the babies in the Neonatal Intensive care Unit (NICU) followed by rooming in once the mother is confident enough and the baby is ready to be discharged from the SCBU. This hospital is one of the two tertiary care maternity hospitals in Tirana. There are approximately 400 deliveries per month in this hospital. It is served by 6 Neonatologists.

Observations at the NICU

The NICU is situated in a spacious room and has a very pleasant environment. There were 9 babies on resuscitaires, incubators and cots. It was observed that mothers were providing Kangaroo Mother Care to premature and low birth weight babies by their cot side. It was well evident that the mothers were confident, content and happy with the method. For the babies on the resuscitaires the mothers were providing tactile stimulation and non nutritive suckling. The constant presence of the mother with the baby gave her confidence in care of the low birth weight babies. There were no restrictions for the postnatal mothers to come into the NICU as and when they wish. Mothers were almost part of the management team of the baby. There was good coordination of the staff with the mothers.



There were pictures of mothers providing Kangaroo Mother Care displayed on the walls of the NICU. This helped to motivate the mothers for the provision of Kangaroo Mother Care. The medical and the nursing staff were very supportive to the mothers and it was obvious that they were confident about the method. It was very clear that provision of Kangaroo Mother Care is the natural standard practice / norm in the unit. Irrespective of the birth weight and maturity, if the baby is stable they had started Kangaroo Mother Care.

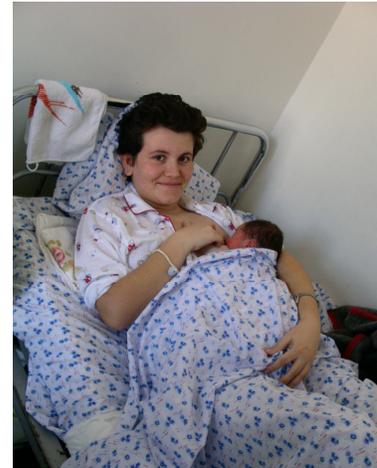


The mission delegation had the opportunity to see a baby who was born premature with a birth weight of 850g, who had been discharged at 3 weeks of age following Kangaroo Mother Care. The baby had gained weight up to 2.5kgs within 2 weeks of discharge. The mother had provided Kangaroo Mother Care at home as well. This was proving that provision of Kangaroo Mother Care allow early discharge for premature/low birth weight babies on Kangaroo Mother Care. Kangaroo Mother Care has helped to achieve remarkable weight gain and early discharge and also helped in improving the weight even after discharge.

Furthermore, Dr. Edi Tushe has evaluated the effectiveness of Kangaroo Mother Care in their practice. He had evidence to show that the babies who received Kangaroo Mother Care had improved cardiac index, oxygen saturation and minimal variation in skin core temperature index. In addition he had observed that morbidities among the babies who receive Kangaroo Mother Care are less and also it helped to discharge babies early from the NICU.

Observations in the postnatal section

The common practice is to deliver the baby on to the abdomen and put babies to skin to skin care as soon as possible after delivery. This was even practiced soon after a cesarean section while the mother is still in the theatre. In the postnatal ward facilities are available for rooming in of the mother and baby. In the postnatal ward the mothers have the liberty to provide Kangaroo mother care during 24hrs.



Meeting at the WHO Albanian Country Office

The delegation met Dr. Angeles Lazcoz, Project Officer and Dr. Zamira Sinoimeri, National Professional of WHO Albania Country Office and former Albanian Deputy Minister of Health. Both officers explained the challenges faced in implementation of the Kangaroo Mother Care method. As they explained, following are the challenges:

- Training staff and mostly making them believe
- Changing the practice and overcoming the effect of contamination
- Depend on personalities. Younger professionals are more receptive to change. Changing older generations is difficult.



They explained their strategy overcome the challenges:

- Provision of comprehensive training on 'Effective Perinatal Care'. Training is conducted for all categories of staff at the same time to build the team spirit. Make the obstetricians feel they are the leaders
- WHO 'Effective Perinatal Care Module' is a two weeks training programme, One week is dedicated for theory and the next week for practical training in their own setting. It gives them an opportunity to review their own practice in the background of the new theory learned.

- Introduce it to the pre curriculum of the nurses, midwives and doctors
- Build a national team of facilitators for the training

In addition, introducing standards for perinatal care is another major area Albania is working on. New Centre for Quality Improvement has been established with this objective. The WHO Professional Assessment Tool for Hospitals (PATH) has been adopted and modified for Albania. In order to measure hospital quality of care, 'Safe surgery procedure' tool has been introduced. The tools developed have been submitted to the Ministry of Health for approval.

Meetings at Ministry of Health

The delegation met Prof. Pellumb Pipero, General Director of the Directorate of Health Policies. He illustrated as in Albania 40,000 babies are born annually. The ministry is committed to help in the evidence based interventions to improve care and it is open to share the experiences. At present the Albanian Ministry of Health is undergoing reforms to improve the quality of patient care, widening the services offered in the hospitals and financing for human and facility improvement. The National centre of quality safety and accreditation of health institutions is established and is working on development of quality indicators for institutions. Also a referral system is developed and this system is to be in full operation by the year 2015.



Visit to the National Centre of Quality Safety and Accreditation of Health Institutions (NCQSA - IH)

The delegation met Prof. Isuf Kalo, Director of NCQSA-HI. This is a new structure of the Ministry of Health with a technical, professional autonomy in the decision making process established in 2005. The goal of this system is "Standards are achievable". Tasks and objectives for the accreditation of health institutions are:

- Continuous quality improvement in the Albanian health system
- Systematic and periodic re-licensing of health care personnel in public and private sectors
- The accreditation of public and private health institutions
- To enhance therapeutic patient education, patient empowerment, organization and patient rights in order to become the main actor of the health care system
- Risk management, minimization of medical errors promoting safety of patients
- To provide best clinical health care practices by health technology assessment and designing evidence based clinical guidelines
- They have identified 70 domains and 265 standards for the assessment of health care institutions. The performance indicators of hospitals are clinical effectiveness, patient safety and staff orientation
- To train and educate health care professionals to improve the quality in the system.

Visit to the Regional Obstetric and Gynaecological Hospital of Shkodra

In Shkodra, the delegation met: Dr Mohamed Mushads, in charge of the hospital, and Dr. Dhuratha - Head of the Neonatology Unit. This is a regional secondary care hospital for the region of Shkodra catering to a population of about 250,000 people. There are approximately 2000 deliveries for a year in this hospital. In the year 2009 there were 121 (6%) babies admitted to the SCBU. There are four neonatologists to look after the newborns in this hospital. The special care baby unit of the hospital is a nice spacious unit located at the up stair of the maternity unit. There were 3 warmers, 1 incubator and a CPAP machine. In the postnatal units rooming in is practiced in the hospital.

This hospital also practices the same policies as the tertiary care hospital in Tirana. Skin to skin care is practiced from the time of birth. For the babies who need Kangaroo Mother Care, intermittent Kangaroo Mother Care is the policy while in the SCBU. In the wards for more stable babies, Kangaroo Mother Care is provided continuously.

Afterwards Sri Lankan team made the presentation on the Opportunities and Challenges for Kangaroo Mother Care in Sri Lanka to the team of Neonatologists in the Regional Obstetric and Gynecological Hospital, Shkodra. Discussions following the presentations helped to understand the similar challenges in the Albanian setting and what steps were taken to overcome such challenges.



The Country Plan for Sri Lanka

During the mission, the Sri Lanka delegation drafted a first Plan for the implementation of the Kangaroo Mother Care methodologies in that country, considering the activities carried on in Albania and the experiences interchanged. The Country Plan foresees the activities that follow.

- **Advocacy on Kangaroo Mother Care**
Time Frame: June, 2010

Advocacy meeting for the Provincial, District and Hospital Administrators, Consultant Obstetricians and Neonatologists, Medical Officers, Nursing Sisters, Nursing Officers and Midwives in Neonatal Care will be conducted in the Uva Province as the pilot project area. Presentations will be made by the team members who visited Albania. Key areas for discussion would be describing the method and the benefits of the method to newborn, mother, family and the cost benefit to the health system. New evidence supporting this method also will be presented.

- **Professional Colleges and Societies**
2010/2011

Method would be introduced to the Colleges of Obstetricians and Pediatricians and the Perinatal Society at their annual sessions. The method, evidence for the practice of this method and benefits of the method would be mainly elaborated. Also articles would be written to the newsletters and periodic journals of the colleges.

- **Develop guidelines and protocols**
October 2010

Standards for the care of low birth weight neonates are already developed by the Family Health Bureau of the Ministry of Health. Guidelines for the management of low birth weight newborns will be developed in keeping with the standards. Kangaroo mother care will be incorporated as a low cost, well accepted norm for the management of stable low birth weight babies. Guidelines and protocols for the provision of Kangaroo Mother Care will be provided.

- **Development of Behavior Change Communication (BCC) Material**
July - December, 2010

Kangaroo Mother Care is a new methodology of caring for the low birth weight newborns. For the staff and the mothers to accept this as a norm, BCC material would be useful in the working and newborn care areas. Poster on Kangaroo Mother Care will be prepared for the Special Care Baby Units, Neonatal Intensive Care Units and the Postnatal Wards. Patient information leaflets also will be prepared for the parents of the babies who need Kangaroo Mother Care.

- **Staff training on Essential Newborn Care including Kangaroo Mother Care**
September, 2010

Training of Kangaroo Mother Care will be done in association with the Essential Newborn Care training. A team of trainers for the district will be trained in a Training of Trainers programme to be conducted at the Provincial General Hospital Badulla. Master trainers already available in the district will be supported by the master trainers from other provinces and from the National Level. Such trainers can train rest of the staff of the institutions in the provision of essential newborn care including Kangaroo Mother Care. This method has to be introduced to the Medical Officers Maternal and Child Health, Regional Public Health Nursing Sisters and the staff of the Medical Officer of Health, especially the Medical Officer of Health, Public Health Nursing Sisters and the Public Health Midwives. As postnatal care is provided to the mother and baby after discharge by this staff, it is mandatory that they are aware of the condition. The essential newborn care training manuals are available in Sinhala and Tamil. These can be used for the above mentioned training programmes.

- **Establish/upgrade structural facilities in the hospitals to provide Kangaroo Mother Care**
June – December 2010

It is mandatory to establish mother baby centers or upgrade the centers already available in a way that will enable to provide Kangaroo Mother Care in the day to day practice. Also the Special Care Baby Units and Neonatal Intensive Care Units should provide facilities for the provision of Kangaroo Mother Care when it is needed and when it is possible.

- **Set up training centers at De Soysa Maternity Hospital and at Base Hospital Diyathalwa**
June – December 2010

Provide facilities and capacity for the above two centers to be upgraded as centers for training especially for the staff interested in initiating the method and would need hands on practice on the method. Ideal practices would be established and strengthened in these institutions.

- **Pilot test and establish the programme in the Uva Province**
June 2010 – June 2011

The above mentioned programme will be initiated and pilot tested in the Uva Province and will be propagated to other provinces in the country thereafter.