Benefits and challenges of the kangaroo-mother care method as a humanizing and health strategy

The human newborn depends on someone to assure its physical (food, hygiene and protection) and psychosocial (safety, love, value, and care) needs to survive.[1] Therefore, emotional bond, defined as a sentimental connection between people, is essential to guarantee that this need is provided. This connection begins to be stablished more effectively during the first days of life and its crucial to the child's healthy growth and development.[2]

In the beginning of life, the newborn show signs of desire to create bond to the social setting, such as smiling, crying, sucking, and looking in the eyes, eliciting the mother's essential functions to create the mother-baby bond. In general, the mother care is based on *holding*, which is the physical and emotional support provided by safe arms, where the newborn knows it will find attention and affection, and handling, which is the body contact while changing diapers and showering.[2,3]

Many times, premature newborns have the physical contact with its parents delayed due to its critical health situation, resulting on the baby's initial interactions happening in a incubator, without the heat and affection of the arms and, consequently, with issues on creating emotional bond.[1]

With the goal of making a more human and holistic neonatal approach to the newborn and family, maternities have been adjusting its strategies and changing physical structures. A setting with less stress, adapted routine to the newborn clinical conditions, family guidance and explanation about the actions taken, bed for the parents to stay next to the baby and free visit from others family members are important actions to be taken to reduce the unpleasant effects of hospitalization.[1]

Public policies have also been implemented in behalf of mother and child health care humanization. Among them, are "*Iniciativa Hospital Amigo da Criança*" (Hospital Friend of the Child Initiative), "*Programa de Humanização no Pré-natal e Nascimento*" (Prenatal and Birth Humanization Program), "*Programa de Assistência à Saúde Perinatal*" (Perinatal Health Assistance Program) and the "*Política Nacional de Atenção Integral à Saúde da Criança*" (National Policy of Atention to Children Total Health).[4]

On this context, the Kangaroo-mother Care Method (KMCM) emerged as an assistance intervention aligned to these purposes and destined to the premature newborn and with low birth weight. The goals of the KMCM are: (1) bringing parents/family closer to the newborn to create and maintain the emotional bond resulting from the skin-to-skin contact, participation on the child care and strengthening of the support network; (2) reducing comorbidity, hospital infection and, consequently, neonatal death risk; (3) promoting a warmer hospitalization environment (noise control, lighting and temperature) and the use of non-pharmacological actions to pain control and relive (therapeutical touch or using oral sucrose); (4) helping a healthy physical growth, the effectiveness of breastfeeding and the minor hospitalization period.[1]

The KMCM is a broad health strategy and it's not only about providing skin-to-skin contact between mother and her baby, but involves three stages of action. The first begins on the prenatal period of high-risk pregnant women, it continues during labor/ birth and ends after the newborn hospitalization finishes in the neonatal intensive care unit and/or common neonatal intermediate care unit. On this stage, there is the first contact between the family and the newborn and with the neonatal services, which provides the opportunity of family integration into the assistance practices.[4]

http://dx.doi.org/10.1590/1806-9304202200010001

The second stage starts with the newborn transfer to the kangaroo-mother care method neonatal intermediate care unit (KMNICU), when there is clinical stability, total enteral nutrition, minimal weight of 1.250 grams and favorable maternal characteristic (desire, availability, knowledge and ability to promote the newborn daily care). On this stage, the newborn stays continuously under the mother care through skin-to-skin contact and breastfeeding to as long as possible.[4]

With the hospital discharge, the third stage begins, which includes post-discharge specialized ambulatory team and the primary attention team monitoring the newborn until it gets to at least 2.500 grams.[4] To start this stage, the mother needs to feel motivated and well oriented about her child's needs at home and about the importance of the outpatient follow-ups. The newborn needs to weight at least 1,600 grams with daily wight gain on the three days before discharge and be exclusively on breastfeeding or supplemented with human milk replacements.[4]

In order to make sure this stages are initiated equally all over the country, training courses based on the technical guide of the Health Ministry have been applied to health professionals from many different areas of perinatal attention, for execution of the KMCM and for practice and dissemination of this technique.[1]

In spite of the benefits the KMCM can bring to the newborn and its family, the effort health managers have put into its realization and some successful examples in Brazil, the accession by the professionals to the method is still low. Studies have pointed that the lack of proper knowledge about it, the uncertainty about making the kangaroo position, the work overload combined to the lack of human resources and the automated attitude without an integrated sight to the baby's health are the reasons that explain the problem when trying the proper use of the KMCM.[5,6]

In order to make the first moments of a newborn's live full of love, and the potential benefits of the KMCM actually happen it's essential that there is engagement of the institutions and health teams, from the attention on prenatal until the outpatient follow-ups, because the initial emotional bonds will impact on the baby's relations along its life.[7]

Finally, if we see a potentially good strategy to child health, we also have its effectiveness as a challenge to managers and health professionals. Thinking about that, resources must be driven to implementation and optimization of the KMCM in the assistance network, mainly in developing countries as Brazil, since it shows a humanized and promising strategy to modern society, which have been understanding more and more the importance of control and prevention actions as an alternative to reduce morbimortality in children.

Among the scientific journals interested in the generation and dissemination of scientific knowledge related to this humanized intervention is the Brazilian Journal of Mother and Child Health (BJMCH), whose editorial board considers the KMCM an important health care strategy aimed at the mother-child binomial.

References

1. Ministry of Health (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Atenção humanizada ao recém-nascido: método canguru: manual técnico [Internet]. 3ª ed. Brasília (DF): Ministry of Health; 2017; [access in 2022 Mar 10]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/atencao_humanizada_metodo_canguru_manual_3ed.pdf

2. Winnicott DW. A família e o desenvolvimento individual. 4ª ed. São Paulo: Martins Fontes; 2013.

3. Andrade CJ, Baccelli MS, Benincasa M. The mother-baby bond in the puerperium: a Winnicotti an analysis. Vínculo. 2017; 14 (1): 1-13.

4. Justino DCP, Lopes MS, Santos CDP, Andrade FB. Avaliação histórica das políticas públicas de saúde infantil no Brasil: revisão integrativa. Rev Ciênc Plur. 2019 Jun; 5 (1): 71-88.

5. Ferreira DO, Silva MPC, Galon T, Goulart BF, Amaral JB, Contim D. Kangaroo method: perceptions on knowledge, potencialities and barriers among nurses. Esc Anna Nery. 2019; 23 (4): 1-7.

6. Silva LJ, Leite JL, Silva TP, Silva IR, Mourão PP, Gomes TM. Management challenges for best practices of the Kangaroo Method in the Neonatal ICU. Rev Bras Enferm. 2018; 71 (Suppl 6): S2783-S91.

7. Rayane DB, Sousa DHAV. Affective deprivation and its consequences in early childhood: a case study. Inter Scientia. 2018; 6 (2): 90-111.

Tulio Konstantyner [1]
https://orcid.org/0000-0002-7931-9692

Bianca Baptista Pereira [2]
https://orcid.org/0000-0001-9027-6243

Carolina Caetano [3]
https://orcid.org/0000-0003-0507-4917

[1-3] Department of Pediatrics. Universidade Federal de São Paulo. Rua Botucatu, 740. Vila Clementino. São Paulo, SP, Brasil. CEP: 04.023-062. E-mail: tkmed@uol.com.br