

Examining The Influence of Kangaroo Mother Care (KMC) Practice on Weight Gain and Length of Stay in Preterm Infants at Kenyatta National Hospital, Nairobi - Kenya. A Mixed Methods Approach.

By Sarah Bett – Sarah.Bett@mail.bcu.ac.uk



1

What is the problem?

Preterm birth (delivery before completion of 37 weeks of gestation) is a major public health issue globally and is associated with an increased risk of neonatal morbidity and mortalities, which could be prevented by use of accessible, effective and low cost alternative neonatal care interventions such as Kangaroo Mother Care (KMC). KMC is an evidence based intervention and encompasses skin-to-skin contact, breast feeding and follow-up care. Despite its benefits full adoption of KMC remains low at the Kenyatta National Hospital.



Source: <http://www.ubuzima.rw/wp-content/uploads/2015/11/kmc.jpg>

2

Aim of research

The aim is to examine the influence of Kangaroo Mother Care practice on weight gain and length of stay in preterm infants and, explore the mothers' and health care professionals' lived experiences of enacting skin-to-skin contact for preterm infants to obtain insight into the Kangaroo Mother Care practice.

3

Research Questions

- Does Kangaroo Mother Care Practice have an impact on weight gain and length of stay of preterm infants?
- Do institutional, maternal and preterm infants' determinants have an intervening influence on KMC practice and preterm infant outcomes?
- What are the mothers' lived experience of performing skin-to-skin contact to the preterm infants?
- What are the health care professionals' lived experiences in facilitating KMC practice for preterm infants and their parents?

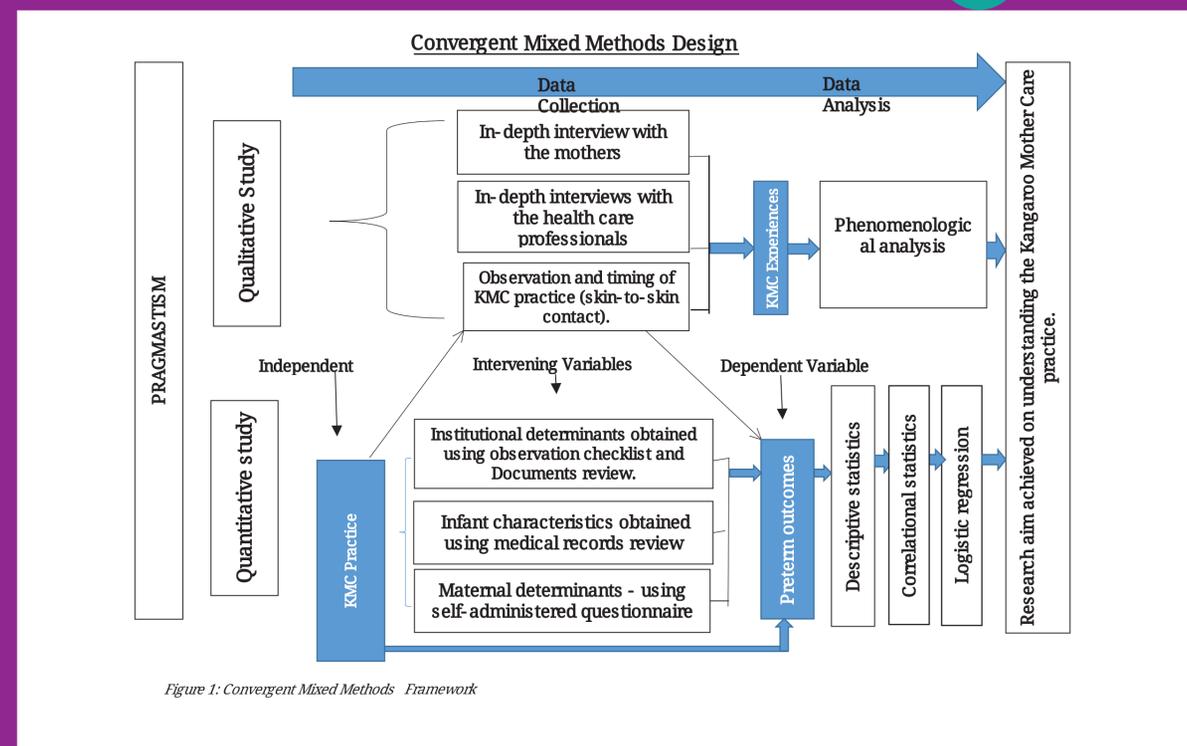
6

Data Analysis:

Quantitative data will be analysed using Statistical Package for the Social Sciences (SPSS) and Collaizzi phenomenological data analysis will be used for qualitative data.

It is expected that the research findings will generate essential information to guide practice and policy, which may contribute to improved care and health outcomes of preterm infants.

5



4

Methodology

A convergent mixed methods design will be used (Figure 1). Quantitative and qualitative data will be collected at the same time, analysed separately, and then interpreted together. A prospective longitudinal study design of 125 mother-and-infant pairs, consecutively selected to obtain quantitative data on maternal and infant determinants of KMC, will be utilized using a maternal self-administered questionnaire and infant's medical records data capture tool. Qualitative phenomenological interpretative study will be used to explore and understand the health care providers' and mothers' lived experiences and challenges they undergo with KMC practice using in-depth interviews.