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Barriers to Implementing Kangaroo Mother Care in Neonatal Care Services in Luanda

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ABSTRACT

Background: Kangaroo Mother Care (KMC) is an evidence-based strategy to provide vital support for preterm or low-birth-weight infants, developed in response to shortages of technological and human resources. It combines qualified, humanized care with biopsychosocial interventions centered on skin-to-skin contact.

Objective: To analyze the barriers limiting effective implementation of KMC in neonatal services at maternity hospitals in Luanda, Angola.

Development: Although KMC is used globally (in both low- and high-income countries), its application in Luanda remains limited. This setting faces high birth rates and insufficient resources for neonatal care. Continuous, specialized training of nursing staff is identified as a critical factor for adequate care delivery, enabling integrated support for the newborn and family as a unit, and is essential for KMC adoption.

Conclusions: KMC represents an effective, humanized approach for immediate neonatal care in Luanda. Urgent training of healthcare staff in caring for preterm mother-infant dyads is fundamental. Furthermore, increasing prenatal KMC awareness among the population may contribute to reducing infant mortality under one year of age.

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Introduction

Despite the prenatal care that should be provided to every pregnant woman, cases of premature births or low birth weight are frequent. The birth of a low-birth-weight neonate constitutes a public health problem requiring immediate actions to prevent serious complications, including neonatal death [1,2].

The Kangaroo Mother Care (KMC) method is a key strategy to provide support for these infants. It emerged in Colombia, at the Instituto Materno Infantil in Bogotá, in 1978, created by doctors Edgar Rey Sanabria and Héctor Martínez Gómez as an alternative to incubators, utilizing skin-to-skin contact between mother and baby [3].

This program responded to a critical situation: scarcity of incubators in Neonatal Intensive Care Units (NICUs), nosocomial infections, high mortality, and poor developmental prognosis in

premature and low birth weight newborns. It consists of a set of organized activities carried out by a trained healthcare team for a specific intervention [4].

This perinatal care focuses on a qualified and humanized approach that combines biopsychosocial strategies, promoting care for the newborn and their family. KMC encourages the active participation of parents and family in neonatal care, with its fundamental action being continuous skin-to-skin contact until stable kangaroo positioning is achieved [5].

Premature birth disrupts the mother-child bonding process due to necessary hospitalization. This situation generates stress, aggravated by physical barriers in hospital units that hinder parental contact with their child [6]. Skin-to-skin contact from the earliest moments humanizes neonatal care and promotes faster recovery.

While the value of technology is undeniable, its use may lead to the replacement of maternal contact with the newborn, hindering the human element, which is irreplaceable for the premature infant's physical and emotional development. Although contact can be provided by the father or another relative, the importance of contact with the mother is indisputable.

KMC involves placing the premature infant, a few hours after birth, in an upright, prone (face down) position on the mother's bare chest. This position helps prevent reflux and bronchial aspiration. The mother's clothing forms a type of pouch (marsupium) that covers the baby (wearing only a diaper), maintaining skin-to-skin contact. Ideally, this contact should be prolonged for as long as possible [7,8].

Despite having sufficient scientific evidence, its practical implementation is not always optimal. Notable reasons include a lack of information among healthcare personnel and the frequent absence of clear guidelines or protocols. The objective of this article is to analyze the potential causes hindering the implementation of KMC in the neonatology services of maternity hospitals in Luanda, the capital of Angola.

Development

Kangaroo Mother Care (KMC) was initially implemented in countries with less economic development but is now also used in developed countries. The United Nations Children's Fund (UNICEF) has supported its development since 1979 in most Latin American, European, North American, Asian, and African countries [9].

The method emerged to address critical needs: lack of physical space, nosocomial infections, and shortages of technological and human resources. Its capacity to protect the integrity of mothers and infants and strengthen their bond is unquestionable. However, in Luanda's maternity hospitals, its implementation is neither complete nor systematic, despite existing information about its benefits.

According to data from Datosmacro.com, Luanda, like the rest of Angola, records a high birth rate [10]. In 2022, it was 38.1 births per 1,000 inhabitants, one of the highest in the world. The fertility rate is 5.21 children per woman, ensuring continuous population growth, although these figures show a decline compared to previous years like 2012 and 2021.

Given this volume of births (including a significant proportion occurring outside hospitals), it is likely that the available human and technological resources in maternity hospitals are insufficient for the immediate care of all newborns. Therefore, the question arises: what factors limit the implementation of KMC in this context?

Constant and up-to-date training of healthcare personnel, especially nursing staff, is essential for the adequate care of premature infants. Furthermore, raising their level of knowledge is crucial to ensure maternal-infant well-being and the correct application of the method.

The appropriate implementation of KMC by nursing staff in neonatal units allows for an additional space of care, integrating the newborn and their family as a whole. This care positively impacts biological aspects (better adaptation to extrauterine life) and psychosocial aspects (humanization of care, stronger family-premature infant-healthcare team connection) [11].

A significant challenge lies in subsequent outpatient monitoring. Although professionals do not reject training, interdisciplinary and intersectoral teamwork is required for these actions. Progress in this direction is key to transforming the perspective of neonatal work and contributing to achieving the goals of reducing Angola's still alarming neonatal mortality by 2027 [12].

A trend towards the humanization of birth must be promoted, seeking the integration of necessary technical and emotional aspects. The goal is not only the survival of healthy children but also their optimal neurological development and family integration. This implies a holistic approach that considers the physical, psychological, and social needs of both the mother and the newborn.

Training nursing staff at all levels of care is fundamental for implementing KMC and achieving its acceptance by the mother and family. The benefits of the method for the child and mother are indisputable. This form of contact increases parents' and families' perception of satisfaction with the care received during the neonatal stage.

Intensive care generates constant stress and anxiety in parents, but it can also be perceived as a challenge that strengthens their commitment to child-rearing. Implementing educational strategies for healthcare personnel is a pathway to improving the quality of care and reaching higher standards.

Preventive work and health promotion are vital. Families must be informed about the importance of care to prevent prematurity, low birth weight, and other complications, as well as equipped with tools for the future care of newborns.

Conclusion

The Kangaroo Mother Care (KMC) method is an effective pathway to provide immediate and humanized neonatal care in the neonatology services of Luanda. Urgent and continuous training for healthcare personnel involved in the care of premature newborns and their mothers is imperative. Raising the level of information about KMC among the population, starting from prenatal care, could significantly contribute to reducing infant mortality (under one year of age).

Conflict of Interest
The authors declare no conflicts of interest.

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