



# KANGAROO MOTHER CARE (KMC)



FREQUENTLY  
ASKED QUESTIONS



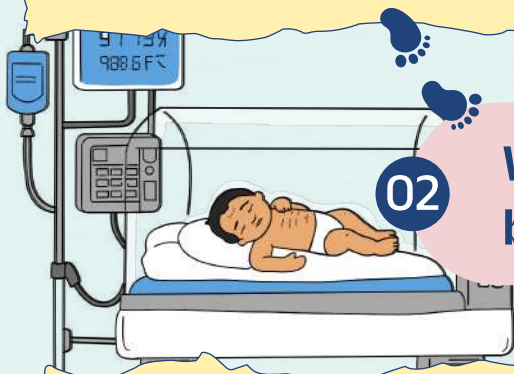


01

## What exactly is Kangaroo Mother Care (KMC)?



Kangaroo Mother Care is a simple, evidence-based method of caring for newborns, especially the preterm and low birth weight (LBW) babies. It involves three key components: continuous skin-to-skin contact between the mother and baby, exclusive breastfeeding or breast milk feeding, and early discharge with adequate follow-up. The newborn is prepared with a cap, socks, and diaper, then placed high on the chest of the caregiver with the head turned to one side and the neck slightly extended to keep the airway open; the mother uses front-opening clothing/garment over or with the binder. This mimics how mother kangaroos care for their young in their pouch.



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## Why is KMC better than keeping the baby in a warmer or incubator?

Warmers or incubators provide warmth to the baby, preventing hypothermia. However, KMC works on multiple additional ways – it provides warmth, supports exclusive breastfeeding or breast milk feeding (as having the baby close to the mother promotes breastmilk production and supports on-demand feeding), infection protection (as the baby is exposed to the mother's microbiome), bonding, and breathing stability together, which machines alone cannot provide.

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## What infrastructure is needed to start KMC?

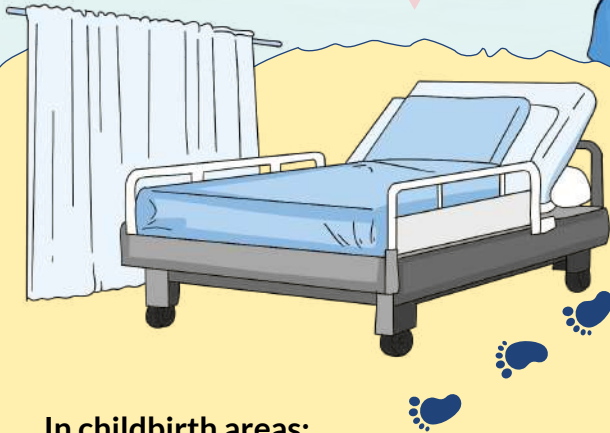


KMC can be practiced with minimal equipment; skin-to-skin contact requires hardly any technology or infrastructure compared to incubators. Some equipment / supplies that facilitate KMC are KMC chairs or reclining beds along with KMC cloth binders.

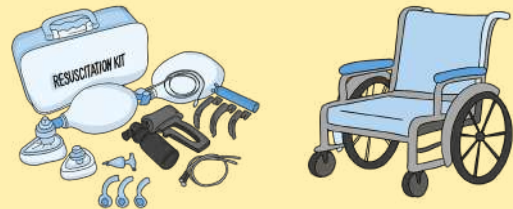


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## What equipment and supplies are required to provide Kangaroo Mother Care (KMC) in a healthcare facility?



To provide safe and prolonged Kangaroo Mother Care, the following equipment and supplies are desirable:



### In childbirth areas:

A wide, reclinable bed with side rails to allow the mother to safely maintain skin-to-skin contact in the first hour after birth while she is being monitored for any postpartum complications. Curtains should be used to ensure privacy. As KMC is usually provided for preterm and LBW babies, equipment to handle other newborn complications should be readily available. In addition, KMC garments and binders, and a wheelchair or transportable bed is recommended for safe transfer to newborn care areas.



### In newborn care areas:

Along with routine newborn care equipment appropriate to the level of care, KMC-specific supplies include reclinable beds or comfortable, sturdy KMC chairs with adequate back and leg support, and KMC garments and binders. Ideally, mothers should be provided with at least two sets of KMC garments to avoid interruptions during washing and drying.

Ensuring the availability of appropriate supplies helps maintain comfort, safety, privacy, and continuity of KMC for both the mother (or caregiver) and the newborn.



Source: WHO Kangaroo mother care

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## Who is eligible for Kangaroo Mother Care? Can it be done immediately after birth?

Kangaroo Mother Care (KMC) is recommended for all babies born early or small. When it is started as soon as possible after birth, it is called immediate Kangaroo Mother Care (iKMC). The World Health Organization (2025) recommends KMC for:



- ▶ All preterm infants and low birth weight babies



- ▶ Both stable and unstable/sick newborns, with supervision, unless the baby is unable to breathe spontaneously after resuscitation, is in shock or needs mechanical ventilation.



- ▶ Newborns on non-invasive respiratory support (such as oxygen or CPAP),

KMC is extremely safe, and WHO does not specify a lower gestational age or birth weight threshold for its practice in health facilities. It is also suitable for babies requiring continuous medical support and monitoring.

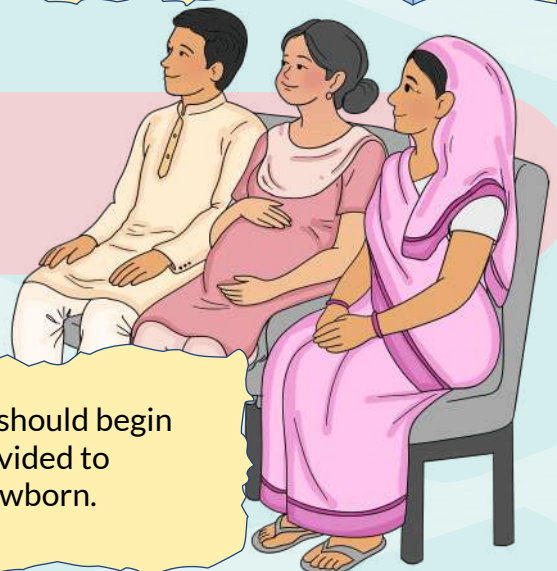
**Exceptions:** KMC may not be feasible in a small number of situations – specifically, if the newborn cannot breathe spontaneously after resuscitation, is in shock, or requires mechanical ventilation. The presence of certain major congenital malformations, such as abdominal wall defects, may also make skin-to-skin contact in the KMC position unfeasible.



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## When can counselling for KMC begin?

Ideally, sensitization of the mother and her family should begin during pregnancy, with additional information provided to women at high risk of having a preterm or LBW newborn.





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## Who can provide KMC?

The primary caregiver for KMC should be the mother, regardless of age, parity, education, culture, religion, or socioeconomic status. An additional caregiver such as father or any other family member can also provide skin-to-skin contact and care for the newborn, including feeding expressed breast milk and attending to other needs, such as diaper changes.



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## Where should KMC be provided?

KMC can be provided in health facilities offering any level of newborn care, and also at home.

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## How should the baby be placed?

Upright between breasts, chest-to-chest in flexed fetal position, with the head to one side. The use of a KMC binder helps in keeping this position for prolonged durations.





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## In which position should the mother sleep during KMC?



The mother can sleep while practicing KMC, but she should avoid completely flat or horizontal positions as it may be uncomfortable. Semi-reclining or side-lying with baby upright on chest is recommended.



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## How long should each KMC session last, and how many times per day?



8 to 24

Each session should last at least one hour, the longer, the better. Skin-to-skin contact should be prolonged and carried out for as many hours as possible every day, the ideal being 24 hours per day, and the minimum being at least eight hours a day.



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## What danger signs should mothers and caregivers watch for in small and preterm newborns, including those receiving KMC?

Mothers and caregivers should watch for poor feeding, breathing difficulty, bluish colour, lethargy, fever or cold body and seek help immediately if any of these signs are present.



fever



cold body



Poor feeding



bluish colour



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## What are the important components of breastfeeding counselling?

While generic counselling on breastfeeding should be offered to all women during ANC and includes the points mentioned below, mothers of babies who are born preterm and/or low birth weight need additional support:

### A. Components of generic counselling (applicable for mothers of all babies)

- Its importance and the global recommendations on exclusive breastfeeding for the first six months
- Importance of colostrum
- Risks of giving formula or milk substitutes
- The importance of early initiation and immediate and sustained skin-to-skin contact
- The basics of good positioning and attachment
- Recognition of feeding cue



### B. Specific recommendations for PT and/or LBW babies

- That breast milk is best for even PT/LBW babies
- Breastmilk of mothers of preterm babies is suited for the special needs of their babies
- If the baby is able to latch and suckle directly from the breast, then breastfeed as usual
- Preterm babies, especially the very preterm babies, may have difficulty in latching on and sucking directly from the breast. In such cases, expressed breast milk may be fed to the baby using a paladi / spoon or through tube feeding depending on the ability of the baby
- In case the mother is unable to produce enough milk to feed her baby, donor human milk may be used, if available. If even that is not possible, then formula feed is recommended.



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## What is the role of fathers and family members in KMC?



Fathers and close family members can play a critical role in KMC by providing skin-to-skin contact, feeding expressed breast milk, and attending to the baby's routine needs especially when the mother is not available or is resting. Father-led KMC helps ensure prolonged skin-to-skin care, allows the mother time to recover, and strengthens family bonding. Preferably, the caregiver should be someone who will remain involved in the baby's care during and after hospitalization.

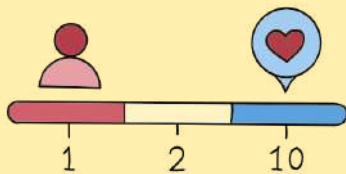
Source: WHO Kangaroo mother care

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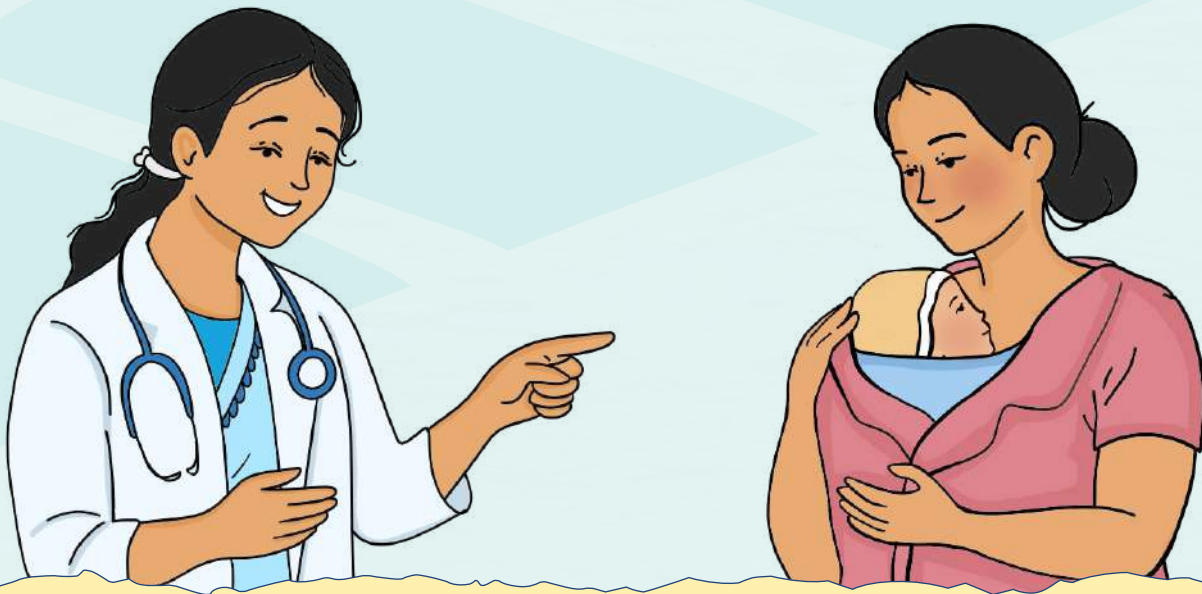
## What are the proven benefits of Kangaroo Mother Care?



KMC is one of the most evidence-backed interventions in newborn care. WHO guidelines show it significantly improves survival and health outcomes for preterm and low birth weight babies across six key areas:



- ▶ **Lower mortality:** KMC reduces neonatal mortality by 32% and mortality by six months of age by 25%.
- ▶ **Less hypothermia:** Skin-to-skin contact is highly effective at regulating body temperature – KMC leads to a 68% reduction in hypothermia at discharge or by 28 days after birth.



- ▶ **Fewer severe infections:** KMC reduces the risk of severe infections or sepsis by 15%, partly through strengthened immunity from early and sustained breastfeeding, by exposing the baby to the maternal microbiome and by reducing hospital borne infections as the mother becomes the primary caregiver.
- ▶ **Better breastfeeding:** KMC stimulates breast milk production and supports exclusive breastfeeding – with a 48% increase in exclusive breastfeeding at discharge or by 28 days after birth.
- ▶ **Better weight gain:** Babies in KMC gain weight faster and have reduced risk of hypoglycemia.
- ▶ **Reduced hospital stay:** By reducing all the above-mentioned complications and facilitating feeding and weight gain, preterm/LBW babies put on KMC meet the discharge criteria earlier.
- ▶ **Better physiological stability:** KMC improves respiratory rate, oxygenation, and temperature regulation. Over the longer term, research also points to greater brain activity, stronger cognitive development, and improved academic and behavioral outcomes.

Beyond the baby, KMC builds the mother's confidence, deepens emotional bonding, and supports the whole family in caring for the newborn.

**Sources: WHO Kangaroo Mother Care Guidelines (2022); Global Foundation for the Care of Newborn Infants**





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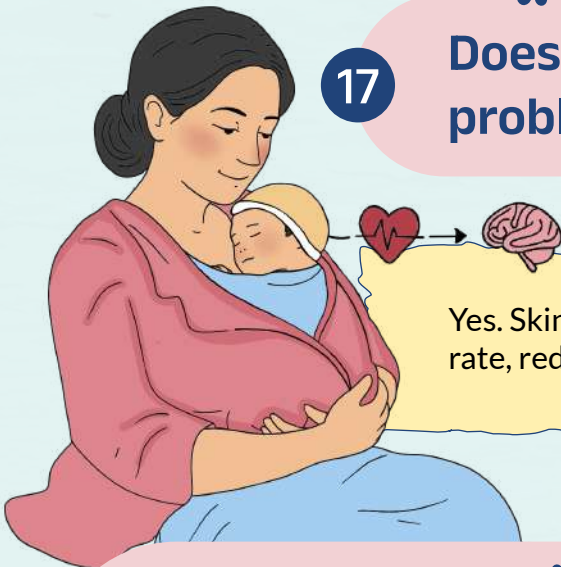
**How does KMC reduce deaths among premature and low birth-weight babies?**



It prevents hypothermia, reduces infections by the same maternal microbiota and provides early breast milk feeding and weight gain.

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**Does KMC help prevent breathing problems like apnea?**



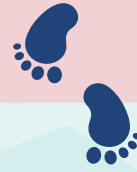
Yes. Skin-to-skin contact helps regulate breathing and heart rate, reducing apnea episodes.

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**Can hearing the mother's heartbeat and voice help the baby breathe better during KMC?**



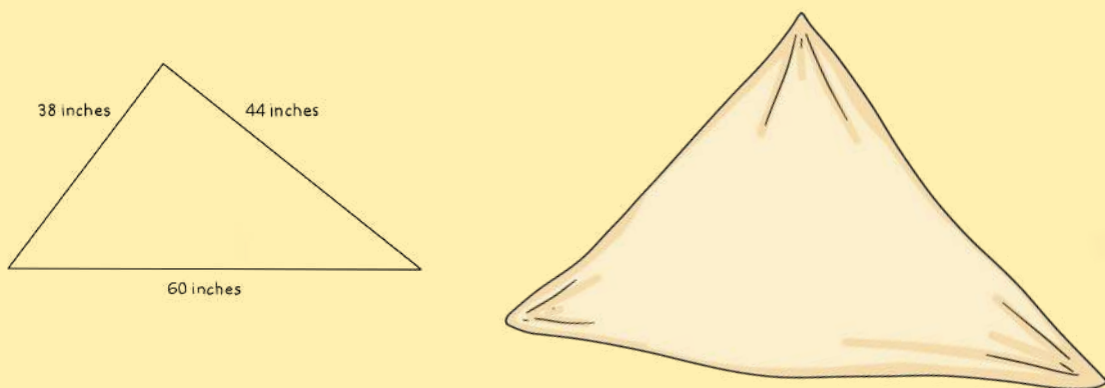
Yes. The mother's heartbeat and voice have a calming and stabilizing effect on the baby's breathing, which he/she is used to in the intrauterine position.



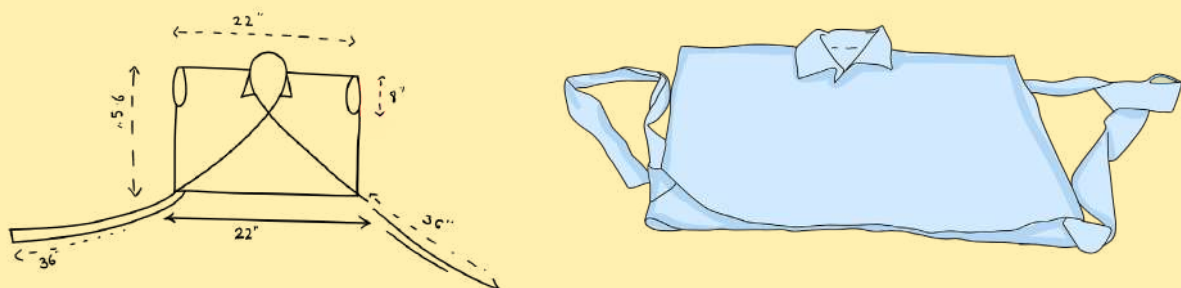
The primary role of a KMC binder / garment is to help keep the baby in the KMC position and enable the mother to move even when providing KMC. It should also be easily openable should the baby need to be removed from KMC for any emergency care. There are multiple designs available globally. One that has been tested in India and found to work have the following specifications:

1. It is a two (2) piece garment including a binder and a shirt.
2. Binder is triangular in shape the dimensions are 60" x 44" x 38"
3. The shirt is open from front with two flaps overlapping each other with belts attached to both the flaps. The dimensions are 19.5" X 22" with belt 36".
4. A light colour is preferable especially given the hot weather in the country.
5. Should be made of not stretch material.
6. Fabric should be preferably of cotton / poplin / camric / tricot.

### Binder



### Shirt



The Federation of Obstetric & Gynecological Societies of India (FOGSI) is the organization representing practitioners of obstetrics and gynecology in India. Project ADHUNA is a flagship initiative of FOGSI that aims to improve the quality of intrapartum and newborn care in the private healthcare sector in India. The project focuses on strengthening clinical practices, introduces innovations and supports their adoption in health facilities, and strengthens the capacity and role of FOGSI to advocate for women's health.

### **Purpose of this FAQ document:**

This FAQ document aims to provide clear, evidence-based guidance on Kangaroo Mother Care (KMC) to support doctors and nurses in delivering consistent, high-quality care for low birth weight and preterm newborns. It serves as a quick reference to address common clinical questions and practical challenges in implementing KMC.





# Kangaroo Mother Care (KMC) Frequently Asked Questions



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