



A Study To Assess The Effectiveness Of Kangaroo Mother Care On Maternal And Neonatal Parameters Among Postnatal Mothers Of Preterm Babies At Svrr Ggh, Tirupati

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ABSTRACT

The study aimed to assess the effectiveness of Kangaroo Mother Care (KMC) on maternal and neonatal parameters among postnatal mothers of preterm babies admitted to the NICU at SVRR Government General Hospital, Tirupati. A pre-experimental, one-group pre-test post-test design was used. Data were collected from 50 postnatal mothers using a non-probability convenient sampling technique. Maternal parameters such as uterine height, lactation, blood pressure, stress, pain, and breastfeeding attachment were analyzed, along with neonatal parameters like weight gain, vital signs, feeding pattern, and bonding. The findings indicated significant improvement in maternal and neonatal outcomes after four days of KMC, with statistical significance at $p<0.05$ and $p<0.01$ levels. The study concluded that KMC is an effective, low-cost nursing intervention that improves both maternal and neonatal parameters and enhances bonding.

Keywords: Kangaroo Mother Care, Neonatal Parameters, Maternal Parameters, Preterm Infants, Nursing Intervention

I. INTRODUCTION

Kangaroo Mother Care (KMC) is a globally recognized, evidence-based neonatal nursing intervention that involves continuous skin-to-skin contact between a mother and her preterm or low-birth-weight baby. It provides warmth, enhances breastfeeding, reduces stress, and improves bonding. The World Health Organization (2023) recommends KMC as a vital neonatal care practice to reduce morbidity and mortality among preterm infants.

II. MATERIALS AND METHODS

A pre-experimental, one-group pre-test post-test design was adopted. The study was conducted in the NICU of SVRR GGH, Tirupati. Fifty postnatal mothers of preterm babies were selected through a non-probability convenient sampling technique. Data collection tools included structured observational checklists and parameter assessment forms. KMC was administered for four consecutive days, and both maternal and neonatal parameters were assessed before and after intervention. The data were analyzed using descriptive and inferential statistics, including paired t-tests to determine the effectiveness of KMC.

III. RESULTS

Maternal parameters such as uterine involution, lactation, stress, and breastfeeding attachment showed statistically significant improvement ($p<0.05$). Neonatal parameters, including weight gain, temperature regulation, oxygen saturation, and feeding frequency, improved markedly after four days of KMC ($p<0.01$).

IV. DISCUSSION

The results confirm that KMC provides multiple physiological and psychological benefits to both mother and baby. The improvement in maternal lactation and reduction in stress highlight KMC's role in promoting maternal adaptation. Neonatal weight gain and thermoregulation improvements affirm its effectiveness as a non-pharmacological intervention. These findings align with previous studies by Boundy et al. (2016) and Charpak et al. (2020), who demonstrated KMC's impact on reducing neonatal mortality and improving maternal-infant bonding.

V. CONCLUSION

The study concluded that Kangaroo Mother Care is an effective, affordable, and sustainable intervention for improving maternal and neonatal health outcomes. It enhances bonding, supports breastfeeding, and reduces neonatal complications. Implementing KMC as a standard practice in neonatal care can significantly contribute to reducing preterm-related morbidity and mortality.

VI. RECOMMENDATIONS

Conduct similar studies with larger samples across diverse settings. Compare outcomes of KMC with conventional neonatal care. Include long-term follow-up on growth and developmental outcomes of preterm infants. Provide structured KMC training for nurses and mothers in all neonatal care units.

VII. REFERENCES

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DECLARATION

I, Mrs. Tatapudi Rani, hereby declare that the research paper entitled “A Study to Assess the Effectiveness of Kangaroo Mother Care on Maternal and Neonatal Parameters among Postnatal Mothers of Preterm Babies at SVRR GGH, Tirupati” is based on my original work and has not been submitted elsewhere for publication. All co-authors have contributed significantly and approve of this submission.

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