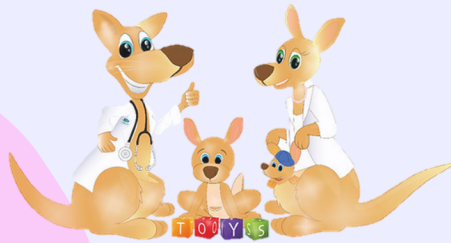


KANGAROO MOTHER PROGRAM



The target population was defined as all newborns in Cartagena, weighting less than 2500 grams at birth, regardless of gestational age; or babies born before 37 weeks of post-conceptual age, even if their intrauterine development has been normal.

They are high-risk neurological patients with neurodevelopmental difficulties.

What is wanted is that if a neurodevelopmental problem is detected during their first year, prompt intervention would take place to avoid sequelae that could reduce their learning, educational and work abilities in other stages of life, inducing low wages which would perpetuate the cycle of poverty.

ADVANTAGES OF THE KANGAROO POSITION

- Skin-to-skin contact
- Apneas reduction
- Breastfeeding
- Body temperature conservation
- Skin-to-skin contact 24 hours a day.

Both mother and father, or any relative, can keep them in the kangaroo position.

¿HOW?

With a special sash worn by parents or caregivers.

¿FOR HOW LONG?

Generally until the babies weigh 2,500 grams, because thereafter they no longer accept that position.

COMPONENTS

- Hospital Phase
- Outpatient Phase - From birth to 40 weeks of corrected age.
- Outpatient Phase II - From 40 weeks to the corrected year - independent ambulation. Control Monthly up to 12 months and bimonthly up to 24 months.



Our patients, are the majority of very limited resources, belong to the subsidized regime.

They are at high psychosocial risk.

The growth and development curves decrease in the growth channels after 6 months when it is fed with breast milk and complementary feeding (fruits, cereals, proteins) is added, due to the difficulty in families to obtain food.

It is necessary that the house have the basics for sensory and auditory stimulation. (Rattles, bells, tambourines).

STAFF INVOLVED

Care with the MMC requires the commitment and knowledge of all the people involved in the care of the acute process that requires hospitalization and of the personnel who participate in outpatient follow-up. Thus, the following are included: health personnel with knowledge and certification of competencies in the KMM, the family or primary caregivers, and the newborn who meets the criteria for this care.

PEDIATRICIAN OR NEONATOLOGIST

Trained in neonatal care both at the hospital and outpatient level exclusively with both theoretical and practical knowledge of KMM and who should support the method at the hospital level.

PROFESSIONAL NURSE

With proven experience in the management of newborns at risk and certified knowledge in the MMC, with strengths in education focused on disease prevention and health maintenance.

AUDILOGIST

With training in the performance and interpretation of tests performed for the early detection of hearing problems that affect Neurodevelopment and their socio-family integration. Its activities focus on late outpatient follow-up.

SOCIAL WORKER

Who will help selecting the families who meet the criteria to start the KMM and facilitate the discharge processes when time comes.

PEDIATRIC OPHTHALMOLOGIST

Trained in the diagnosis, monitoring and management of retinopathy prematurity. His role will begin during the hospital phase, and later in outpatient follow-up until the retinal maturation process is complete.

PROFESSIONAL PHYSIOTHERAPIST

Trained in the KMM who will take part in hospital activities, anticipating conditions that may alter neuromotor integration and maturation. He also will be in charge of training the staff and the families as well as monitoring and applying a set of evaluation and detection criteria of neurological alterations to prepare further rehabilitation if necessary.



SPEECH-LANGUAGE PATHOLOGIST

With training in the MMC, suction and swallowing evaluation strategies that allow early interventions of the alterations found both at the hospital and outpatient level. Education and Strengthening of families of all interventions that favor the establishment of language as a mechanism of communication and development of individuals at the outpatient level.

PSYCHOLOGIST

A certified psychologist with knowledge in the KMM, who will play a very active part in recruiting and selecting families as primary caregivers during hospitalization time and when outpatient care begins.

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