Commentary: Family friendly care

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Kangaroo Mother Care (KMC) had a dramatic effect on the ability to provide care in its original setting and there is little doubt that it appears a safe and effective approach to caring for premature infants.[1] Although the original aim was to provide effective care in settings with scarce resources, the use of KMC in Western settings would have different aims, which in essence reduce to three main areas: improved contact between mother and infant (and father and infant), quicker establishment of breast feeding, and shorter stay in hospital. Whether longer term outcomes in important measures, such as behaviour or developmental progress, are notably improved remains a tantalising possibility, but better early maternal infant interaction may have equally important benefits for both mother and child.[w1] The accompanying article makes it clear that in many settings KMC is welcomed by parents and its use is supported by parent groups, including the UK Charity BLISS. Should we encourage its wide application throughout Western neonatal care?

KMC is often practised in the United Kingdom, not as a long term or 24 hour care environment but as an important part of the facilitation of interaction between mother and infant. In my experience, it is not universally welcomed by all mothers. Some of this may be cultural and out of embarrassment as the neonatal unit is often a busy, hard pressed area that is noisy and to a large extent impersonal. Neonatal intensive care units in the United Kingdom are becoming friendlier places for parents: unrestricted access to their child, involvement in care, and the provision of quiet areas and overnight rooms are now increasingly available, and in this setting the use of periods of KMC may enhance the experience and interaction of parent and child.

Dramatic improvements in neonatal survival have been won at a cost, and, in parallel to other areas of medicine—such as the management of childhood leukaemia, for example—our aggressive and interventionist care has produced great advances, but we have reached the point at which we have to consider how to continue to maximise outcomes while humanising care. For the technically trained neonatologist and the hard pressed neonatal nurse, backing off from some of the more interventional aspects of care and adapting a more facilitative approach may not come naturally.

Scientific study has provided us with evidence for a range of effective interventions that should be widely practised in all neonatal units. Examples are non-nutritive sucking,[2] use of swaddling and sucrose pacifiers around painful procedures,[3] and encouraging parent support groups.[4] Some recommend more pervasive and complex schemes, such as individualised care[w2] and the Parent Baby Interaction Programme.[5] Research is needed to confirm their efficacy and, for the more complex interventions, which of the components are the most effective.

We do not really need evidence from systematic reviews to tell us that being kinder and gentler with babies and using a child's behavioural responses to adapt neonatal care practice is a better approach than a rigid systematic programme of care, nor that encouraging parents to do the same is likely to be better for all partners. From my perspective and in my current setting, KMC forms a valuable and evidence based part of this important repertory of increasingly baby sensitive care.

Kangaroo care may enhance interaction between parent and child

1 Ruiz-Peláez JG, Charpak N, Cuervo LG. Kangaroo Mother Care, an example to follow from developing countries. *BMJ* 2004;329:1179-81.
2 Pinelli J, Symington A. Non-nutritive sucking for promoting physiologic stability and nutrition in preterm infants. *Cochrane Database Syst Rev* 2001(3):CD001071.
3 Anand KJ. Consensus statement for the prevention and management of pain in the newborn. *Arch Pediatr Adolesc Med* 2001;155:173-80.
4 Minde K, Shosenberg N, Marton P, Thompson J, Ripley J, Burns S. Self-help groups in a premature nursery—a controlled evaluation. *J Pediatr* 1980;96:933-40.
5 Israel C, Dolby S. *The parent baby interaction programme.* Windsor: NFER-Nelson. 1997.

Additional references w1 and w2 are on bmj.com

Endpiece

The ideal doctors

Talk of your science! After all is said There's
nothing like a bare and shiny head;
Age lends the graces that are sure to please;
Folks want their doctors mouldy, like their
cheese.

Oliver Wendell Holmes (1804-94), American physician and author

Fred Charatan, retired geriatric physician, Florida