

KMC Definitions and Distinctions

Skin-to-Skin Care is recommended for all babies immediately after delivery to ensure warmth. It is also a recommended method when transferring sick newborns to a health facility.

Kangaroo Mother Care is the early, prolonged, and continuous skin-to-skin contact between the mother (or substitute) and her baby. KMC is initiated on an in-patient basis and continued after discharge, with support for positioning, feeding (ideally exclusive breastfeeding), and prevention and management of infections and breathing difficulties.

“Intermittent KMC” refers to recurrent but not continuous skin-to-skin contact between mother and baby, with the same support from health workers as continuous KMC. It is practiced when the caregiver is unable or unwilling to practice continuous KMC in a health facility, or if the baby is unstable. Although there may be other benefits, we do not have evidence indicating that this practice reduces mortality risk.

Post-Discharge KMC, also called ambulatory KMC, refers to KMC that continues after discharge from a health facility where KMC was initiated. Transition from in-patient to ambulatory KMC happens when the baby is feeding well, growing, and stable, and the mother demonstrates competency in caring for the baby on her own. The pair practices continuous KMC at home with an agreed-upon schedule for follow-up visits to monitor the health of the baby and the mother.

Community-initiated skin-to-skin care is the practice of continuous skin-to-skin care initiated and continued at home. This practice is also called “community KMC”, but it does not necessarily link to the full package of supportive care. It has been practiced where referral to a health facility is either challenging or not possible. To date, we do not have evidence that this practice reduces mortality risk.