

The KANGACARRIER

For nine months of pregnancy, mother and foetus have been one entity. In the womb the baby is warm, fed and protected, and that is all it needs to develop. When it is newborn, it still needs to be warmed, fed and protected, and when placed skin-to-skin on mother's chest, a newborn baby is in the one place where warmth, food and protection is best available. Human newborns are born very immature, and in a way complete their gestation and development outside the womb, on mother's chest.

You should never be separated from your baby.

Your KangaCarrier will enable you to do this in the best way!

KMC FOR FULL TERM BABIES

Though KMC started for low birth weight babies, the principles apply equally to well grown full term babies. For the first few weeks of life, your KangaCarrier will get you and baby off to a good start!

Skin-to-skin at birth

Immediately after birth, the baby should be dried, placed on mother's abdomen or chest, and covered with a cloth or blanket . Routine midwifery care should be completed speedily, with the newborn remaining on mother. In the first 60 to 90 minutes, bonding takes place. The baby should be allowed freedom of movement, which requires cover with a loose cotton cloth, but no shirt or wrapper. The infant should be assisted in any movements it attempts, specifically assistance to perform innate breastfeeding behaviours.

After the first hour

After 90 minutes the baby will usually have fed and both mother and baby will need to sleep. This is the time to secure the infant to the mother for continuous skin-to-skin contact. In preparation, the baby can have a small cap, and a small nappy, preferably a piece of cotton rather than a big disposable. Open the shirt on the bed, place the cotton tie on it, and ask the mother to lie on them. The babies xiphisternum should be on



the mothers xiphisternum (diagram). A triangular sheet of cotton (or a meter square cotton cloth folded diagonally in two) is tied round the mother and the baby, and secured high in the axilla or armpit, with the knot on the side where mother can reach it. The tight part of the theatre cloth should cover the babies lower head and thorax and fix that to the mothers sternum. This ensures that the baby's airway is protected, the head is kept in the "sniffing position". The wrapper is tied on tight enough so that if mother did stand up, the baby would not fall through. This is achieved by having the top edge of the

cloth over the chin, and under the ear and base of the skull. This fixes the head and chest of the infant with the head in a slightly extended position on the mothers chest (prevents obstructive apnoea).

While the firm part of the cloth covers the infant's thorax, the "flap" part of the diagonally folded cloth should be loose over the infants abdomen. The babies abdomen should not be constrained - it is loose for abdominal breathing. But when the mother breathes, there will be slight squashing of the baby's chest.

The hips should be flexed and abducted in "frog position", arms also flexed (4). The shirt is now put on. It is essentially a sleeveless loose shirt which flaps over the front of the baby and has two long ends for securing the baby from below. The tie fixes the baby from above and behind, the shirt fixes the baby from below.

The front flaps can cover the babies head completely, or be folded to expose the face to allow mother and baby to look at each other. It can safely be closed completely, the cloth does "breathe" enough, and a small increase in carbon dioxide from the baby and the mother may help the baby's breathing.

The ties should pass just under the baby's bottom, so that the baby stays flexed, and "contained". This is close to the fetal position that baby has been comfortable with all along. Mother and baby can now go to sleep. There is no risk of asphyxiation as the airway is secure, mother can not "overlay" her baby.

Mother should be allowed, even encouraged, to sleep if she wishes. One of the effects of skin-to-skin contact is production of CCK (cholecystokinin), which causes sedation!



The first six weeks

After the first good sleep, it is essential that mother and baby be allowed to interact continuously so that baby can teach mother how it wants to be fed. No two babies feed the same, and each baby must be allowed to demand feed. The KangaCarrier shirt allows mother to respond immediately to the baby's communications, which might be for other needs than food!

The KangaCarrier was designed for continuous ambulatory care, meaning that once the baby is stable, mother can continue her daily tasks as if she was still pregnant (cover). It is good for the full term baby to be in this upright position and to be carried all day. The shirt and the tie do ensure that this is done safely, as during the first six weeks baby may not have very good head control, and might obstruct its own airway if too deeply asleep. When baby is awake, the shirt can stay on and only the tie loosened to allow baby to reach the breast, with or without help if needed.

After six weeks

"How long should baby stay this way?"

Well, no two babies are the same, and the answer is that the baby will decide when it is ready. As the baby matures and develops, it will no longer need the skin-to-skin contact, and the KangaCarrier will be no longer needed. For some babies a few days is enough, for others they are content for many weeks. It is usually the mother who is disappointed when baby wants to leave, with the KangaCarrier she is fully mobile, comfortable and able-bodied!

Once the baby is stable and feeding on its own, almost any practical and comfortable method of securing the baby to the mothers chest works fine. In Colombia they use wide tubigrip (size H or so). Lycra boob tube is not necessary, nice if in fashion!! It is the skin-to-skin contact (SSC) which is vital.

However, if baby should become stressed or sick for any reason, you might find that skin-to-skin contact with your KangaCarrier is once again needed. For "colds" and upper respiratory airway infection, the semi upright position is also very helpful, sleep in a recliner or propped up on pillows!