



What are the Implications of Kangaroo Mother Care in The Gambia? A Qualitative Exploration of Healthcare Worker Perspectives in Banjul

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1. Introduction

Preterm birth and low birth weight (LBW) are neonatal conditions which cause significant morbidity and mortality, particularly in low-income countries such as The Gambia.1

The World Health Organization (WHO) and United Nations (UN) highlight the importance of reducing neonatal death and giving every child the best possible chance to thrive.^{2,3}

Kangaroo mother care (KMC) is an effective and affordable intervention which the WHO recommends for neonatal care in low-resource settings.4 The Edward Francis Small Teaching Hospital (EFSTH) in Banjul, The Gambia, is the country's only tertiary referral centre for neonatal care, and KMC is delivered there.

There have been limited studies in Sub-Saharan Africa to explore healthcare worker (HCW) perspectives of KMC, despite this being a key aspect of the effectiveness and scope for improvement of this intervention.⁵

The overall aim of this study was to find out what the **implications of KMC** are and how they might be improved in Banjul, The Gambia, according to HCWs.

2. Objectives



To elicit and explore **HCW perspectives on the** implications of KMC for the babies and their caregivers, and for HCWs themselves.



To understand what HCWs feel would improve the implications of KMC in their setting.

3. Methods

Study Design:

 Qualitative, phenomenological approach used to understand the lived experiences of HCWs.

Sampling:

Combination of purposive and snowball sampling to recruit HCWs with experience in KMC.

Data Collection:

 Semi-structured interviews using a pre-prepared topic guide were conducted in English and audio-recorded.

Data Analysis:

Transcription and thematic analysis of interview recordings.

4. Results

"KMC, if it is done properly, will never be harmful."

"If mothers do not do KMC after feeding, aspiration might happen."

> "Some of these mothers, you know, they just want to be free."

"If you do not educate the mothers, KMC will not be effective."

KMC only has negative implications if done incorrectly

KMC has benefits for babies, caregivers, and HCWs

KMC could be improved in the EFSTH according to HCWs

"If they are transferred to KMC, you always see they are improving."

> "They feel they are doing something for their babies, they feel happy."

"The struggle you've been doing is worth it. It motivates you."

> "It decongests the NICU. It reduces my work, makes it easier, lighter."

"We don't have the space. We need more beds and then more nurses."

"Training staff adequately on KMC is important, everybody should know."

5. Conclusions

KMC has **positive implications for babies**, including faster growth and reduced mortality. For caregivers, KMC fosters emotional benefits such as better mental health and increased confidence. HCWs also benefit with reduced workloads, decreased stress, and enhanced job satisfaction. However, negative implications of KMC may include risks of aspiration for babies when KMC is delivered incorrectly and caregiver fatigue.

Suggestions for improving KMC included expansion of the KMC unit with more bed spaces, staff, and higher quality facilities, comprehensive training for HCWs, and adapting current practice to increase caregiver education.

The perspectives of HCWs imply that KMC has significant positive impacts on neonatal care in the EFSTH, which indicates that there is **potential for scaling up** the intervention.

Further research investigating caregiver perspectives of KMC in The Gambia would be valuable

6. References

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