

Implementation of KMC in Indonesia



Rahmah

SCHOOL OF NURSING
UNIVERSITAS MUHAMMADIYAH YOGYAKARTA
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OUTLINE

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- 3 DISCUSSION
- CONCLUSIONS AND SUGGESTION



INTRODUCTION

The kangaroo method was introduced in Indonesia in the 1990s and has since gained recognition

Cost effective

Cost effective

Care effective

Nursing care 9uality 2009 KMC GUIDELINE

> 2010 SCALE UP KMC

Today (2015)













- Infant as research subject (groeth and fisiologis respon)
- 2.Mother as research subject (knowledge, attitude self confident)
- 3.Father as research subject (father participation)





The question is????? Quality nursing care (care effective, cost effective) and decreased mortality





REVIEW and DISCUSSSION

Project research (Bergh, bloch, pratomo, uhudiyah, sidi, rustina, suradi, gipson, 2010)

From 10 hospital; One hospital at level taking ownership, five hospital at level of evidence based practice, two hospital at level evidence of routine and integration and two hospital between level evidence of routine and integration and evidence of sustainable practice

The other indicator (patient profile in 8 hospital)

- 1. Total number LBW (979)
- 2. LBW Receiving KMC (208 = 21.2 %)
- 3. Cesarean section (70 = 33.7%)
- 4. Receiving KMC for one day or less before discharge (71 = 34.1%)
- 5. Death in KMC period (3)
- 6. Mean number of days between birth and starting any form KMC (7.7)



Conclusion and suggestion

BARRIERS

Needs strong commitment of relevant stake holders

Revisit of clients

Its Change process and needs time and continous monitoring and evaluation

Requires policy advocacy to relevant stake holders

PROGRESS TO DATE

KMC could be implemented in the hospitals so initiated an integration of KMC in the selected hospital, trained and management of hospital as team and built hospital as model of KMC services prior to the community

FUTURE CHALLENGES

Development of a hospital – household continuum of KMC

Development model of both teaching and distric hospitals integrating KMC

Dissemination, integrating KMC into pre service traing of health personnel

