

Admission and Discharge Criteria

The unit is a low care facility. If infants show any signs of sepsis or develop apnoeas they will be transferred back to the high care unit for monitoring and treatment.

Admission Criteria regarding the Infants:

1. Infants with a weight of less than 2500 g or infants with gestational age less than 37 weeks gestation may be admitted in the KMC unit.
2. Infants should weigh more than 900 grams before admission to the unit.
3. Infants should have a gestational age of more than 32 weeks before admission
4. Infants who are oxygen dependent are accepted – oxygen is given by nasal prongs and will be weaned during their stay in the KMC unit.
5. Infants who are on tube feeds are accepted. Transition from tube to cup and to breastfeeding will be made in the KMC unit.
6. Infants should be on full oral feeds. No intravenous fluid therapy is allowed in the KMC unit except if the infant needs to receive a blood transfusion for anaemia.
7. Infants who are jaundiced and need phototherapy may be admitted. Phototherapy will be provided next to the mother's bed.
8. Only a certain number of infants without their mothers may be admitted to the unit. Maximum allowed will be 3 infants. There is not enough nursing staff to take care of more. These infants will be cared for in an incubator or bassinette depending on their weight.
9. Infants on oral antibiotics will be accepted as long as they are stable and responding to the treatment.
10. Infants that were recently discharged from the KMC unit and did not thrive at home may be readmitted to the KMC unit. If these infants are ill and need monitoring and IV therapy they have to be admitted to the neonatal unit or ward 4A.

Admission Criteria regarding the Mothers:

1. Mothers who have psychosis are not accepted in the unit until they have been treated or have improved. They may be a danger to their infant as well as other infants in the KMC ward.
2. Mothers who have TB should be isolated and wear a face mask if the diagnosis of TB was made recently and the mother has not been on treatment for more than a month.
3. Mothers who are coughing and may have a viral respiratory infection should also wear a facemask.
4. Mothers who have chicken pox should not be admitted to the ward. If they develop chickenpox while in the KMC unit they should be discharged and all the infants in close contact should receive Varicella immunoglobulins.
5. Family members may practice KMC in the unit if the mother is unable to do so.
6. Mothers who are still at school may attend school while in the unit.

Discharge Criteria

Discharge Criteria regarding Infants

1. Infants with a birth weight of more than 1550g must regain their birth weight before they can be considered for discharged home.
2. Single Infants with a birth weight of less than 1550g must reach a weight of 1500 – 1550g before discharge is considered.
3. Twins or triplets – discharge can be considered when the smallest baby has reached a weight of more than 1600g.
4. Infants should also be on breast and cup feeds before discharge can be considered.

5. Infants should gain approximately 15 to 20 grams per day over a period of 3 - 4 days before discharge are considered.
6. Infants who were oxygen dependent should be off all oxygen, day and night, for 3 complete days before discharge will be considered.

Discharge Criteria regarding Mothers

1. Mothers should be able to cup and breastfeed their babies before discharge can be considered.
2. Mothers should be confident in taking care of her baby – washing, nappy changing, feeding etc
3. Mothers should be practicing KMC consistently. If she is not placing the baby in the KMC position she should not be allowed to go home.
4. The social circumstances of the mother should be taken into consideration when considering discharge. If mother is from poor social circumstances they should be kept longer in the unit.
5. Before discharging a teenage mother one should first have a discussion with her parents or family to find out how much support she will have in taking care of her infant. If she intends to go back to school the care taker of the baby should come to the hospital and training with regards to feeding and cleanliness should be done.
6. If a mother intends to go back to her rural area and do not intend in bringing the baby back to the follow-up clinic, discharge should be delayed.
7. Mothers who are ill should have recovered or there should be someone to help take care of the baby at home.
8. The experience of the mother and previous successful breastfeeding is also taken into consideration when discharging a baby.
9. Consider keeping the baby longer if mothers are young and inexperienced.