

Public Health Implementation of SSC



Dr Nils Bergman

M.D., D.C.H., M.P.H., Ph.D.

Cape Town, South Africa

www.kangaroomothercare.com

KANGAROO MOTHER CARE

IMPLEMENTATION

PRACTICAL

POTENTIAL

POLITICAL

Declaration of Alma-Ata on Primary Health Care

... based on practical, scientifically sound and socially acceptable methods and technology made universally accessible

... individual self-reliance and participation., making fullest use of resources...

Primary Health Care:

... is based on the application of relevant results of social, biomedical and health services research and public health experience;

... addresses the main health problems

(Prematurity factor in two thirds of all perinatal mortality)

Declaration of Alma-Ata on Primary Health Care

... based on

**practical,
scientifically sound
socially acceptable**

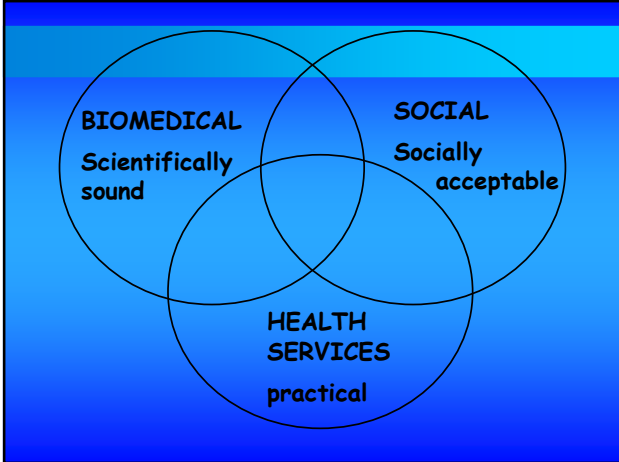
methods and technology made universally accessible

Primary Health Care:

... is based on the application of relevant results of

**social,
biomedical
health services research**

and public health experience



BIOMEDICAL

Thai protocol:
PMTCT (for HIV)

Give AZT from 36th week
4 weeks, twice a day
Provide AIF, no breast
REDUCES HIV by 51% !
Implemented 1999 WCap

PROBLEM 1:
When is 36w GA ?

Many only started 38w GA
Many delivered
at 38w GA
or before!!

HEALTH SERVICES

NOT PRACTICAL !!

PROBLEM 1:
When is 36w GA ?

Many only started 38w GA
Many delivered
at 38w GA
or before!!

PROBLEM 2:
COMPLIANCE !!
Side effects ...
Resistance ...

HEALTH SERVICES

NOT PRACTICAL !! **NOT EFFECTIVE !!**

PROBLEM 3:

Enormous social
STIGMA !

Tablets could
be hidden
But "tins = HIV +ve"

SOCIAL

Tins sold on station ...

NOT ACCEPTABLE !!

PROBLEM 3:

Enormous social
STIGMA !

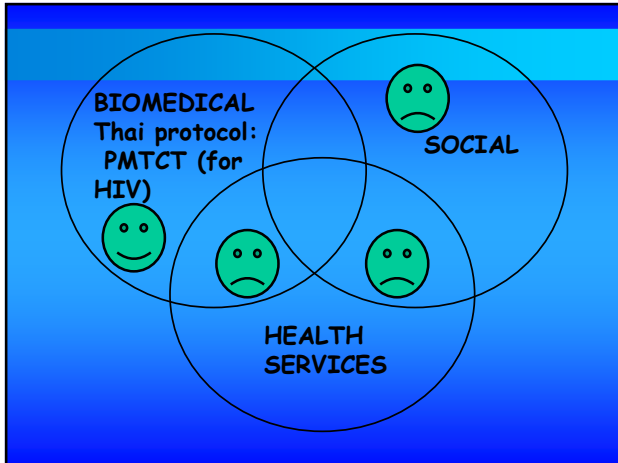
Tablets could
be hidden
But "tins = HIV +ve"

SOCIAL

Tins sold on station

PROBLEM 4:
Mixed feeding
HIV transmission
INCREASES !!!

NOT ACCEPTABLE !!

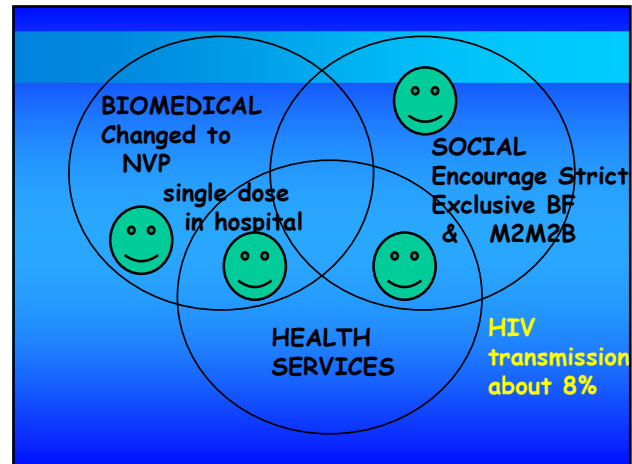


Thai protocol:
PMTCT (for HIV):

scientifically sound
YES - BUT NOT
practical,
socially acceptable

Primary Health Care:
... is based on the application of
relevant results of

biomedical research
YES - BUT ALSO
social research , and
health services research



“There is currently great emphasis on
grounding medical practice on sound
research evidence.”
.... the most credible research on
health care outcomes is from
randomised, controlled, double blind
clinical trials.”

AGREED ???

“There is currently great emphasis on
grounding medical practice on sound
research evidence.”
.... the most credible research on
health care outcomes is from
randomised, controlled, double blind
clinical trials.”
= FALSE ASSUMPTION !!

Primary Health Care:
... is based on the application of
relevant results of

biomedical research
YES - BUT ALSO
social research , and
health services research

**The biomedical paradigm
IS TOO NARROW !!**

“There is currently great emphasis on grounding medical practice on sound research evidence.”
 the most credible research on health care outcomes is from randomised, controlled, double blind clinical trials.”
= FALSE ASSUMPTION !!

Declaration of Alma-Ata on Primary Health Care
 ... based on
**practical,
 scientifically sound
 socially acceptable**
 methods and technology made universally accessible

Primary Health Care:
 ... is based on the application of relevant results of
**social,
 biomedical
 health services research**
 and public health experience

What determines a paradigm ??

Tradition
Culture
Experience
 Research
 Science

What determines a paradigm ??

Tradition
Culture
Experience
Fashion!!!!
 Research
 Science

Neuronal Plasticity
 “the first three years are decisive”
 Attachment
 Regulation
 Emotion
 Control
 Arousal
 Appetite
 Sleep
 → platform for subsequent development of higher cognitive functions.

PARADIGM CONSTRUCT
Paradigm has internal
 Intelligence
 Honesty
 Integrity
 Consistency

BASIC ASSUMPTIONS:

FOUNDATION / PLATFORM / BASE

What determines a paradigm ??

Tradition
 Culture
 Experience
 Research
 Science

PARADIGM CONSTRUCT
Paradigm has internal
 Intelligence
 Honesty
 Integrity
 Consistency

BASIC ASSUMPTIONS:

FOUNDATION / PLATFORM / BASE

Culture
 Experience
 Research
 Science

PARADIGM CONSTRUCT

Biomedical model: reductionist
 Odent's "circular research"

If challenges paradigm:
 Odent's "cul-de-sac research"

Impact of Birthing Practices on Breastfeeding

EXAMPLE :
 Mary Kroeger's book:
 challenges paradigms: cul-de-sac
 "LINKAGES decided there were 'too many gaps' in solid scientific literature to warrant publication"
 = paradigm reinforces itself: circular

PARADIGM CONSTRUCT
Paradigm has internal
 Intelligence
 Honesty
 Integrity
 Consistency

BASIC ASSUMPTIONS:

FOUNDATION / PLATFORM / BASE

'too many gaps' in solid scientific literature to warrant publication"

WHAT NEW INFORMATION ?

challenged paradigms: cul-de-sac

Without awakening to assumptions and "basic belief system"
New information cannot be grasped !!

SEPARATION

VIOLATES

THE INNATE AGENDA
OF MOTHER
AND NEWBORN

"Why do doctors
use treatments
that do not work?"

Jenny Doust , Chris Del Mar.
British Medical Journal, 28th February 2004

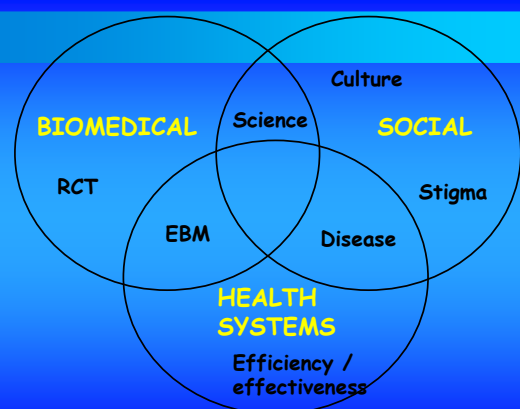
"Why do doctors
use treatments
that do not work?"

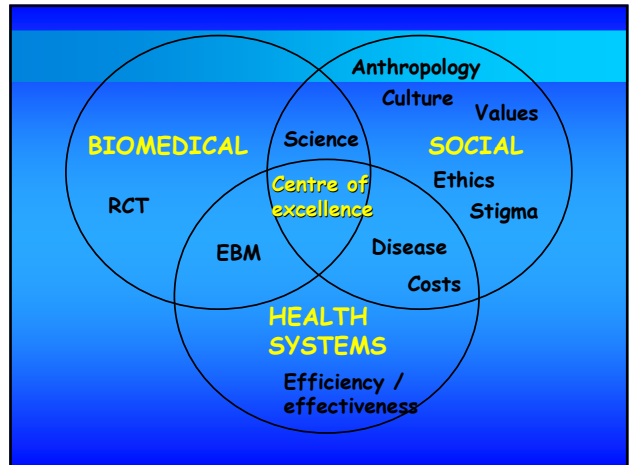
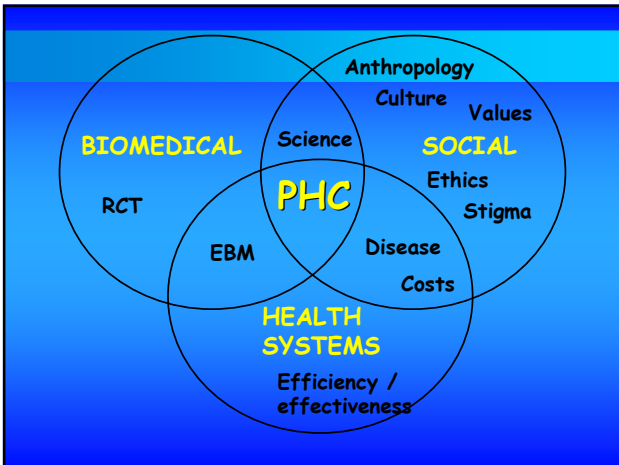
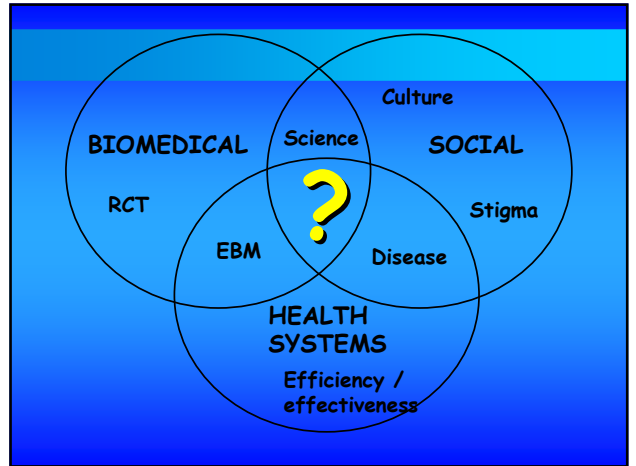
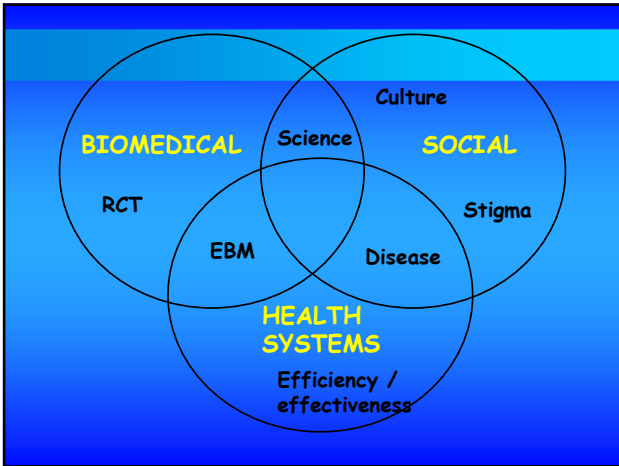
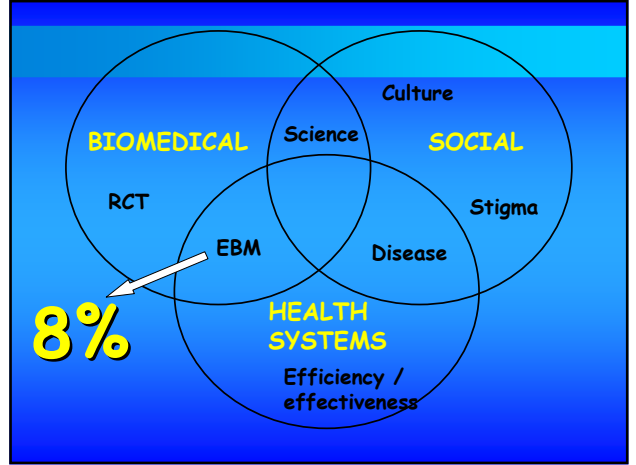
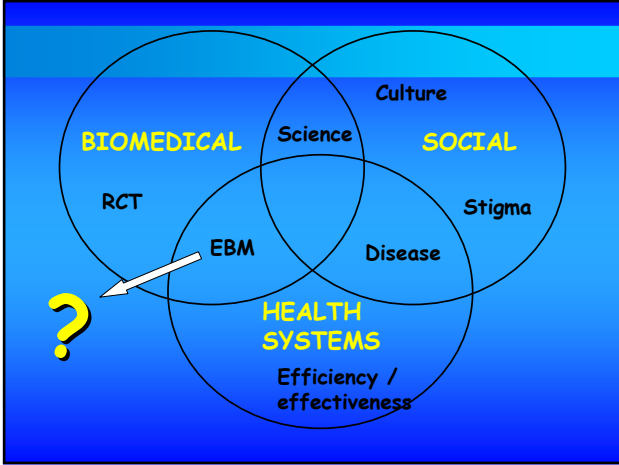
- Clinical experience
- Over-reliance on surrogate outcome
- Natural history of the illness
- Love of the pathophysiological model (that is wrong)
- Ritual and mystique
- A need to do something
- No one asks the question
- Patients' expectations (real or assumed)

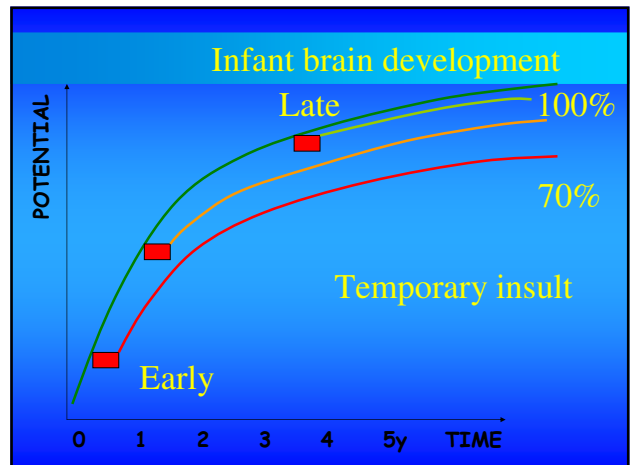
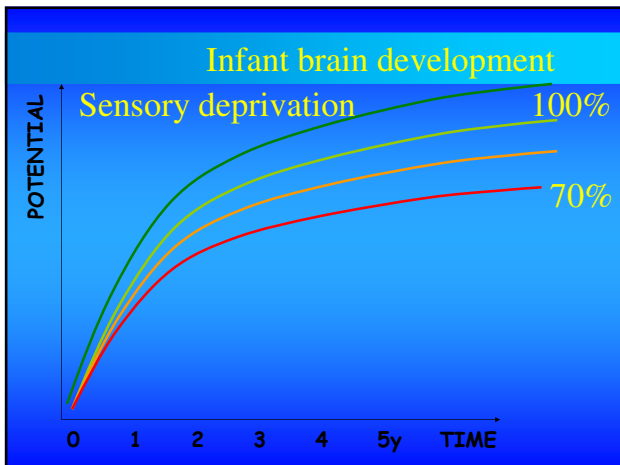
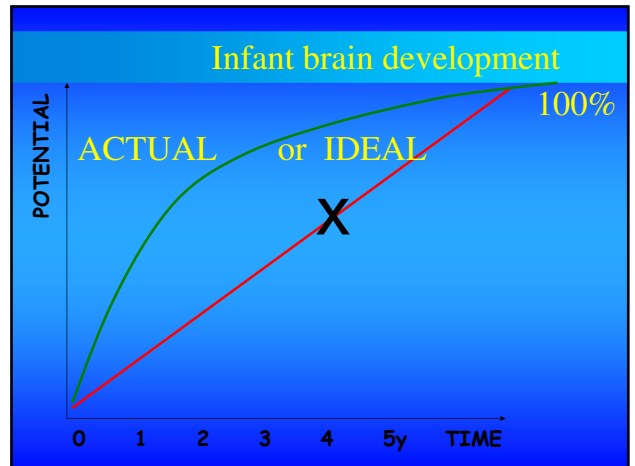
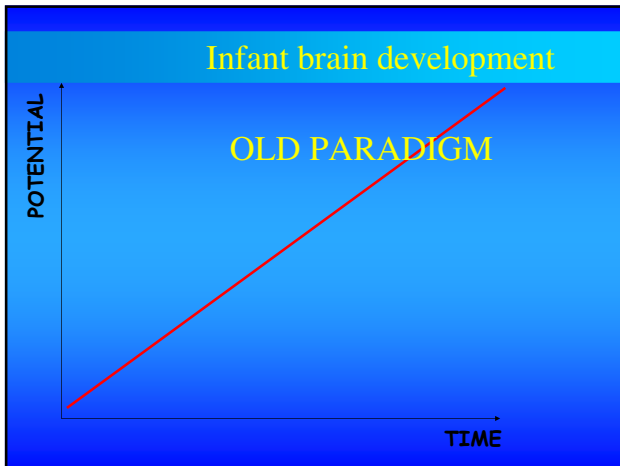
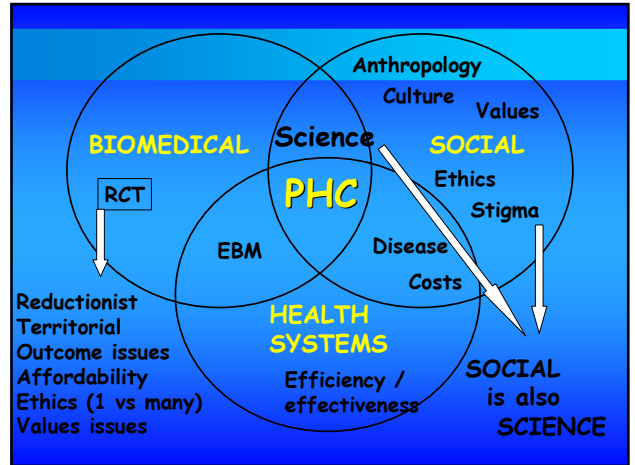
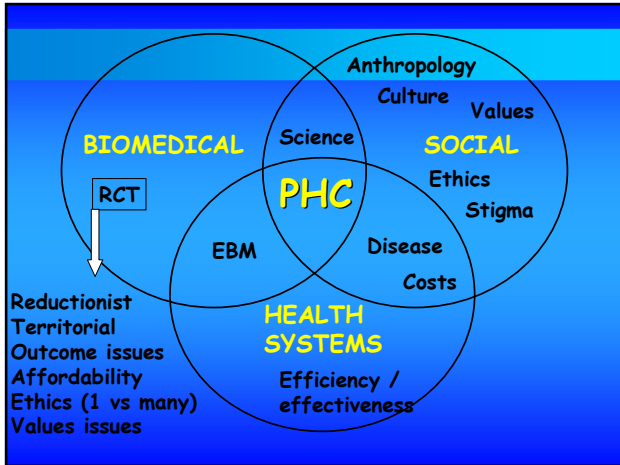
"Why do doctors
use treatments
that do not work?"

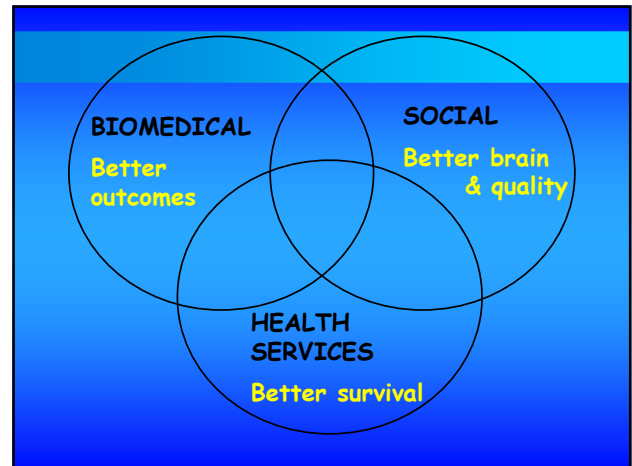
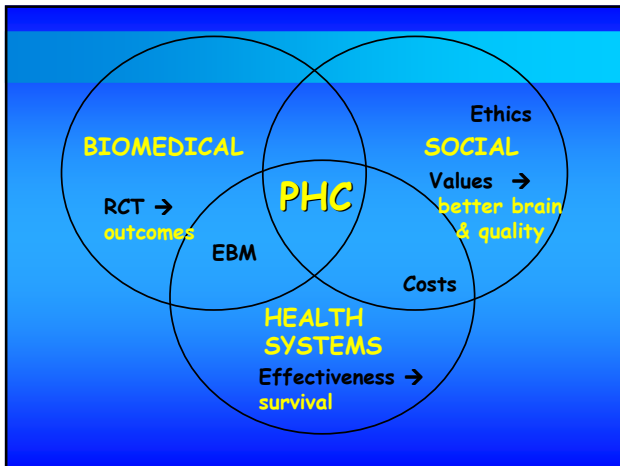
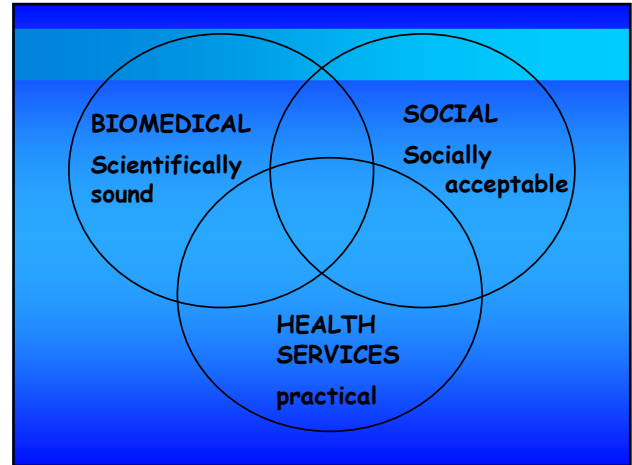
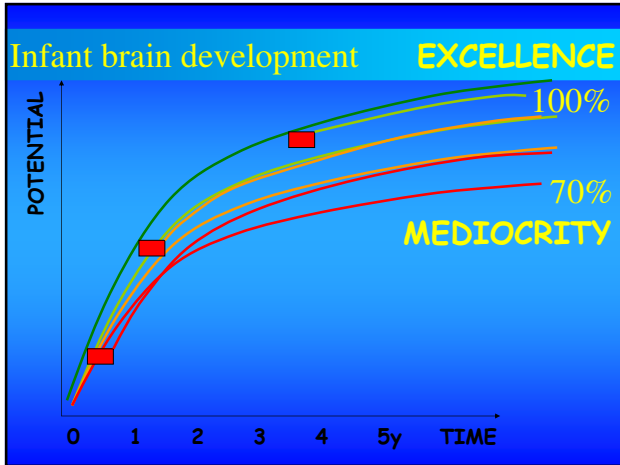
•No one asks the question

Paradigm = basic assumption,
things we take for granted









**"Improved survival"
IS TOO LITTLE !!
NOT ENOUGH !!!**

**"Why do doctors
use treatments
that do not work?"**

- Over-reliance on
surrogate outcome**

INCUBATORS DE-STABILISE NEWBORNS

S THIS IS THE "PHYSIOLOGY"
IN OUR TEXT BOOKS ...
actually PATHOPHYSIOLOGY

OTHER → PROTEST- STRESS- SURVIVAL or
DESPAIR → (SNS)

SEPARATION

"Why do doctors
use treatments
that do not work?" (BMJ 03/04)

•Love of the pathophysiological model (that is wrong)

"Our pathophysiological
model IS wrong !!"

NEUROSCIENCE

90% of what we know
about the brain has
been discovered in
the last 15 years

Society of Neuroscience estimate
Dr Sandra Witelson, McMaster

NEW PARADIGM CONSTRUCT

Brain based paradigm



BASIC ASSUMPTION:

NEVER SEPARATE !!

FOUNDATION / PLATFORM / BASE

Scientific approach /
health services approach
to
Kangaroo Mother Care ...

KMC is a complex strategy of several
interventions, each of which in turn has
several poorly defined dimensions ...

KMC VARIABLE



INITIATION	Birth	<90'	<7h	<7d	>7d
DURATION	>20h	>12h	>4h	>1h	<1h
FREQUENCY	x1	x2		OFTEN	
FOOD	BM	EBM	IV	Mix	Cow
METHOD	Breast	Cup	line	NGT	Bottle
DISCHARGE		late?		early?	
FOLLOWUP		GOOD		NONE	
Resp' Support	Vent'	CPAP		O ₂	No

Scientific approach /

Kangaroo Support	Context of care
Kangaroo Discharge	Consequence of ...
Kangaroo Nutrition	Breastfeeding (excl) KNOWN INTERVENTION
Kangaroo Position	Skin-to-skin contact KNOWN INTERVENTION

POINT #1 INTERVENTION ??

**Skin-to-Skin Contact SSC
and Breastfeeding (Brf)
are called "interventions"**

**not routine and normal ...
but they are our BIOLOGY**

POINT #1 INTERVENTION ??

**Maternal-infant separation
and artificial feeding
are actually "interventions"**

**they are routine and normal,
but not scientifically based...**

POINT #1 INTERVENTION ?? OR PARADIGM ??

**Skin-to-Skin Contact (SSC)
and Breastfeeding (Brf)
are our BIOLOGY**

POINT #2

**The scientific basis of KMC
is NEUROSCIENCE**

**based on 50 years of
mammalian/primate research,
and 10 years of modern
neuroscience research**

POINT #2

The scientific basis of KMC is **NEUROSCIENCE**

This science is unequivocal-
SEPARATION causes HARM
Formula feeding likewise

POINT #3

SKIN-TO-SKIN CONTACT
"causes" breastfeeding !!

The merits of breastfeeding
are well-established ...
... an accepted intervention

POINT #3

SKIN-TO-SKIN CONTACT
"causes" breastfeeding !!

Skin-to-Skin Contact is the
neurobehavioural prerequisite
for normal breastfeeding

POINT #4

SKIN-TO-SKIN CONTACT
MUST START AT BIRTH

and **MUST** be continuous
WITHOUT SEPARATION

POINT #4

SKIN-TO-SKIN CONTACT
MUST START AT BIRTH

Any separation of the **DYAD**
is stressful and harmful,
disrupts development and
gives developmental sequelae


K M C FRAMEWORK

CARE VARIABLE






INITIATION	Birth	<90'	<7h	<7d	>7d
CONTINUUM		>20h	>12h	>4h	>1h
FOOD		BM	EBM	IV	Mix
METHOD		Breast	Cup	line	NGT
Resp' Support		Vent'	CPAP	O ₂	No

K M C FRAMEWORK
CARE VARIABLE



INITIATION The EARLIER the BETTER
CONTINUUM The MORE the BETTER


K M C FRAMEWORK
CARE VARIABLE

INITIATION The EARLIER the BETTER
CONTINUUM The MORE the BETTER
FOOD MUST BE MOTHER'S MILK
METHOD BREAST - FEEDING !!!
Resp' Support ADD available technology

Ottawa Charter
for HEALTH PROMOTION

built on Declaration of Alma Ata ...
 ... expectations of a new public health movement...
 ... describes fundamental pre-requisites for health ...



Five key pillars -

HEALTH PROMOTION 

Five key pillars -

BUILD HEALTHY PUBLIC POLICY
 CREATE SUPPORTIVE ENVIRONMENTS
 STRENGTHEN COMMUNITY ACTION
 DEVELOP PERSONAL SKILLS
 REORIENT HEALTH SERVICES

All are necessary
 specially for our prematures ...

Pillar number 5
REORIENT HEALTH SERVICES

"The responsibility ... is shared
 among individuals,
 community groups,
 health professionals,
 health service institutions and
 governments.
 They must work together

(extracted from "Ottawa Charter")

responsibility ... is shared
 We need to identify all the stakeholders who share the responsibility for changing to Kangaroo-Mother Care:

mother and the infant
 nurses, doctors and health workers
 hospital managers and service providers
 policy makers and governments

Reorienting health services

... requires
attention to health research,
changes in professional education

... must lead to a change in attitude
and organisation of health services,
which refocuses on the total
needs of the individual"
(extracted from "Ottawa Charter")

REORIENT HEALTH SERVICES

a change in attitude



Reorientation requires change
Change requires energy
Change always meets resistance
Resistance is very seldom rational

REORIENTATION PACKAGE

Modern marketing science ...
Marketing is about a product ...
but the existence of a good product
won't make anyone buy it.
Marketing is about selling ...
but clever salesmanship in itself
won't make people want anything.

Marketing is therefore

THE PACKAGE

Marketing is therefore
CHANGING HUMAN BEHAVIOUR

Establishing the "wants and needs"
of the customer or community
Finding out what the community sees
as its best interests
Identifying the VALUES that
underlie those wants and needs,
Present KMC - with RESPECT to values.

THE PACKAGE

PRODUCT - design presentation to meet
the needs and wants

PRICE - show the benefits in such a way to
clearly outweigh the disadvantages

PLACE - make it easy to do, (access)

PROMOTION - communicate the benefits
and the VALUES offered.

THE PACKAGE

PARTNERSHIPS - networking with other
organisations and like minded ...

POLICY - policies must be such to make
KMC easy and attractive

PURSE STRINGS - Resources needed !!

Social marketing

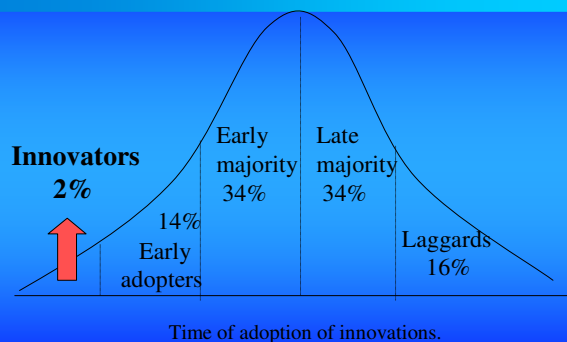
Applying commercial marketing technologies to influence people to change their behaviour to improve their personal welfare and that of their families and society.
= BEHAVIOUR CHANGE !!

Social marketing (2)

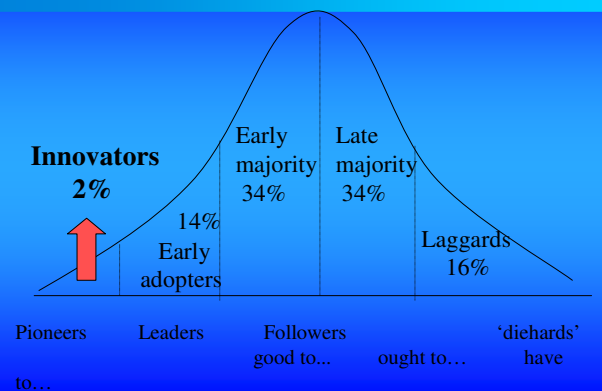
PRODUCT ORIENTATION
SELLING ORIENTATION
MARKETING ORIENTATION

Start with the client's perspective
Meeting people's needs and wants,
Understand their values and perceptions.

DIFFUSION OF INNOVATIONS



DIFFUSION OF INNOVATIONS



Motivation to change:

Implementation involves stakeholders.
"responsibility ... is shared"
For KMC these include
mothers, nurses, doctors,
hospital managers,
policy makers, community, media.

The message we provide must be appropriate to the stakeholder!

Each stake holder,
Each target audience will have its own needs and wants and Values.

Therefore -
Each will require its own marketing package
AND, for each,
That will depend on the stage of change

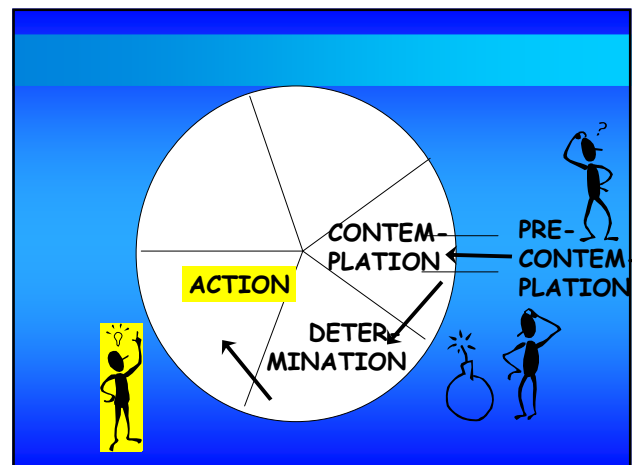
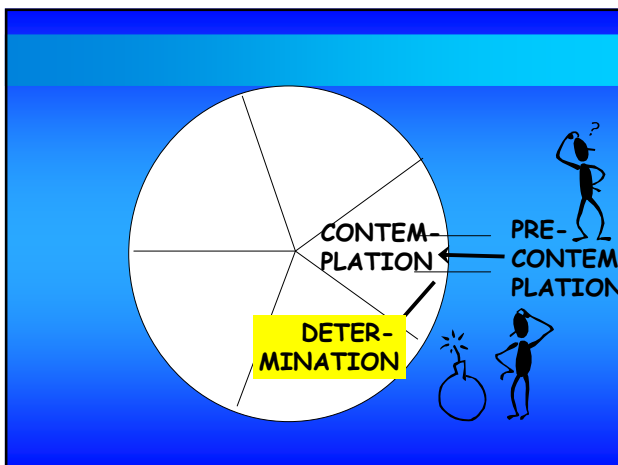
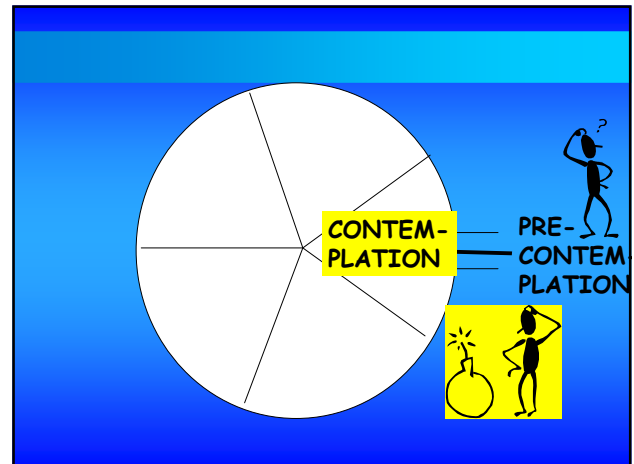
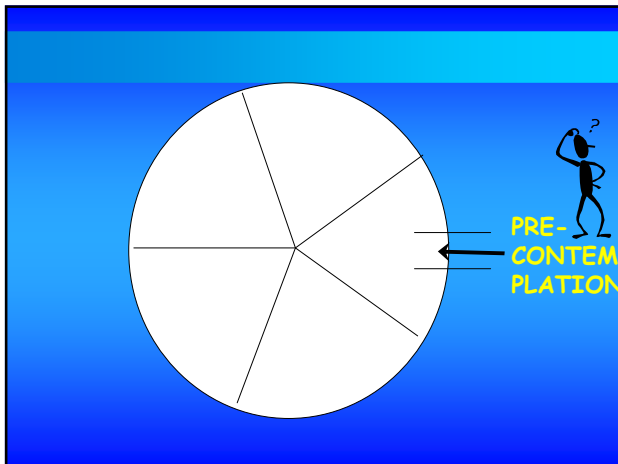
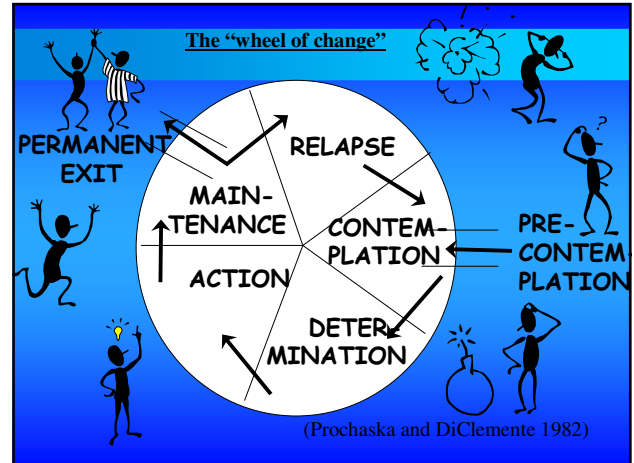
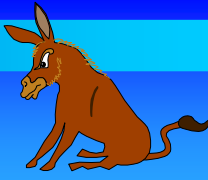
Implementation

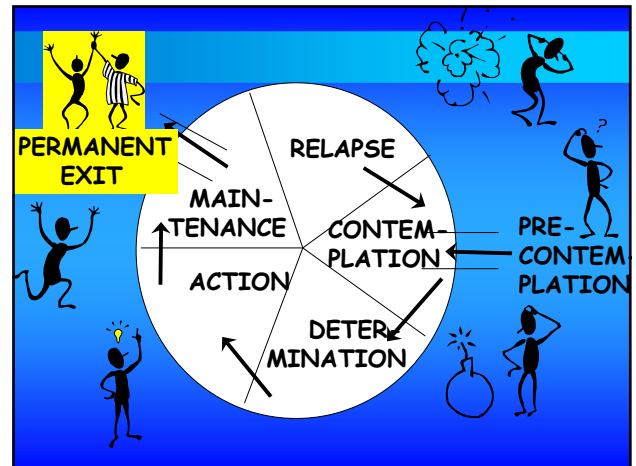
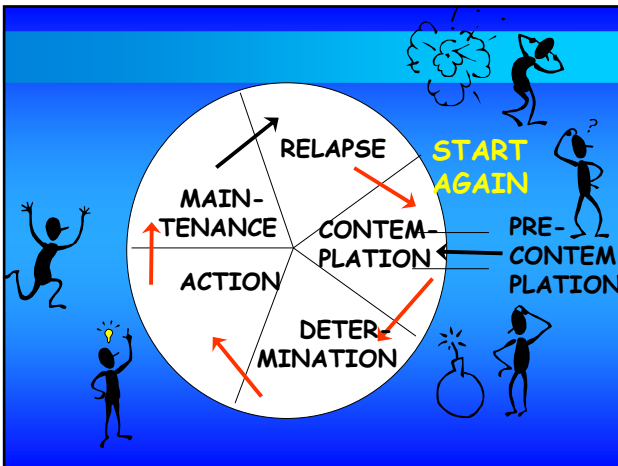
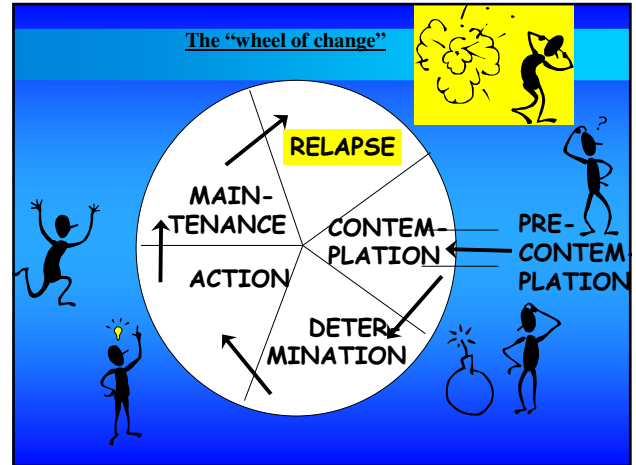
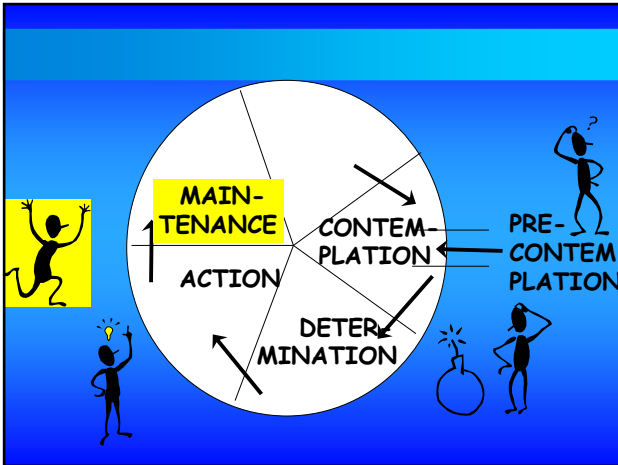
What motivates people to change?

(Rollnick S and Miller WR, 1991)
(Prochaska and DiClemente 1982)

Motivation

is a state of readiness to change,
a state which can be influenced,
has a number of identified stages :



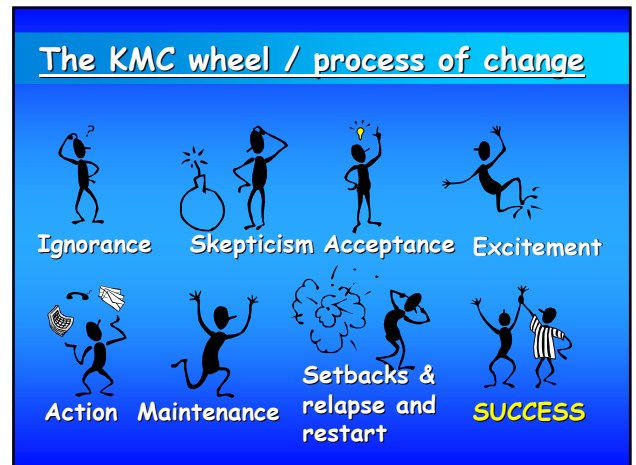


Motivation to change:

... we must identify the stage our target is at ...

In promoting KMC,

The message we provide must be appropriate to the stage!



Implementation framework.

	Moms	Nurse	Doctor	Etc...
1 IGNORANCE				
2 SKEPTICISM				
3 ACCEPTANCE				
4 EXCITEMENT				
5 ACTION				
6 MAINTENANCE				
7 RELAPSE				
8 RESTART				
9 SUCCESS				

Implementation framework.

	Moms	Nurse	Doctor	Etc...
1 IGNORANCE	Media	Talks	CME	
2 SKEPTICISM	Soaps	Visit	Journals	
3 ACCEPTANCE	ANC			
4 EXCITEMENT		WS		
5 ACTION				
6 MAINTENANCE				
7 RELAPSE				
8 RESTART				
9 SUCCESS				

Implementation framework.

	Moms	Nurse	Doctor	Etc...
1 IGNORANCE				
2 SKEPTICISM				
3 ACCEPTANCE				
4 EXCITEMENT	AIM	TO	GET	HERE
5 ACTION	ALL	TOGE	THER	
6 MAINTENANCE				
7 RELAPSE				
8 RESTART				
9 SUCCESS				

Implementation framework.

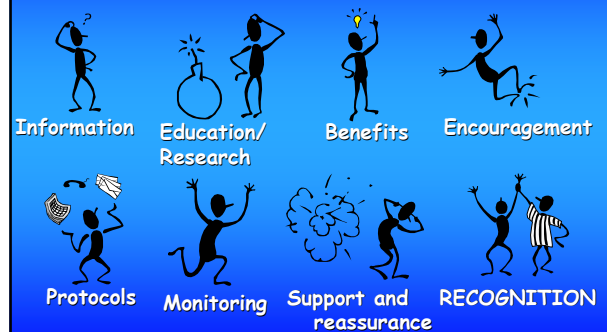
	CEO	Media	MedAid	Etc...
1 IGNORANCE				
2 SKEPTICISM	swank		Save	
3 ACCEPTANCE		Oh so	money	
4 EXCITEMENT		cute		
5 ACTION				
6 MAINTENANCE				
7 RELAPSE				
8 RESTART				
9 SUCCESS				

THE SOCO

Single
 Overriding
 Communication
 Objective,
 Advertising - an art and science

Every cell in the matrix should have its own action plan:
 what, why, when, who, where, how

SOCO's for the KMC stages of change



KMC - a healthier alternative !

Apply to each stakeholder:

- BUILD HEALTHY PUBLIC POLICY
- CREATE SUPPORTIVE ENVIRONMENTS
- STRENGTHEN COMMUNITY ACTION
- DEVELOP PERSONAL SKILLS
- REORIENT HEALTH SERVICES

Set a vision Act today

Concluding statement of Alma Ata :

... calls on all ... to collaborate in introducing, developing and maintaining Primary Health Care ...

... or **Kangaroo Mother Care**



GEDDES PRODUCTIONS



Geddes Productions
P.O. Box 41761
Los Angeles CA 90041
(323) 344-8045

www.geddesproduction.com

Get both videos
together on one DVD,
plus a CD with extras



KANGAROO MOTHER CARE

**The future of KMC:
a Public Health Imperative**

The future:

Is NOT a place or destination

NOR some point in time

THE FUTURE IS A JOURNEY