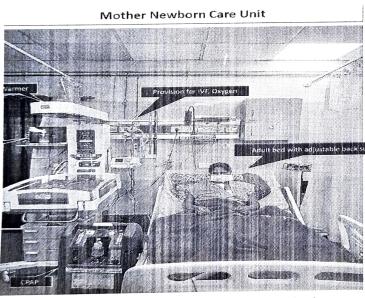
While a Cochrane review (2016) showed that kangaroo mother care (KMC) initiated after clinical stabilization reduces mortality by 40%, evidence of the effect of initiating KMC immediately after birth without waiting for babies to become stable was unavailable until recently. This research gap was addressed by a multicountry, randomized, controlled trial co-ordinated by WHO. This trial was conducted in five hospitals in Ghana, India, Malawi, Nigeria, and Tanzania. Implementation of this trial led to development of the "mother-newborn care unit (MNCU)." Mother-newborn care unit or mother-newborn intensive care unit (M-NICU) is a facility where sick and small newborns are cared with their mothers 24×7 with all facilities of level II newborn care and provision for postnatal care to mothers. The mother is not a mere visitor, but she has her bed inside the special newborn care unit (SNCU)/newborn intensive care unit (NICU) and as a resident of MNCU, becomes an active caregiver and is involved in continuum of neonatal care. The study results show that intervention babies in MNCU had 25% less mortality at 28 d of life, 35% less incidence of hypothermia, and 18% less suspected sepsis as compared to control babies cared in conventional NICU. World Health Organization recommendations for KMC were revised on 17 Nov, 2022. WHO now recommends that KMC should be started for all preterm and small babies as early as possible without waiting for stability. However, it would require establishment of Mother Newborn Care to permit mother and surrogate in SNCU/NICU 24 \times 7, making the concept of zero-separation a reality.



All provision similar to an intensive care bed

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