# EFFECT OF KANGAROO MOTHER CARE (KMC) ON THE FORMATION OF MATERNAL-INFANT ATTACHMENT BETWEEN MOTHERS AND PREMATURE BABIES: A LITERATURE REVIEW

By Zubaidah et al

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Review Article: Systematic Review, Meta-Analysis, Integrative Review, Scoping Review

EFFECT OF KANGAROO MOTHER CARE (KMC) ON THE FORMATION OF MATERNAL-INFANT ATTACHMENT BETWEEN MOTHERS AND PREMATURE BABIES: A LITERATURE REVIEW

# Zubaidah Zubaidah1\*, Ayu Diah Safitri1

<sup>1</sup>Department of Nursing, Faculty of Medicine, Universitas Diponegoro, Indonesia

#### \*Correspondence:

## Zubaidah Zubaidah

Department of Nursing, Faculty of Medicine, Universitas Diponegoro, 71 pnesia

Jl. Prof Sudarto SH, Tembalang, Semarang, 50271 4

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Email: zubaidah@fk.undip.ac.id

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# Abstract

Background: Nursing care of premature babies in the Neonatal Intensive Care Unit (NICU) setting can inhibit the maternal-infant attachment. One of the evidence-based interventions for premature babies is Kangaroo Mother Care (KMC). KMC needs to be further studied and researched through a review of previous articles to ensure the effectiveness of implementation. However, there is a very limited review that specifies the effect of KN58 on the formation of maternal-infant attachment.

**Objective:** This study was 70 pnducted to assess the effect of KMC on maternal-infant attachment between mothers and premature babies.

Design: The design of this study uses a literature review.

**Data Sources:** Initial searches of journal articles were performed on the Pubmed, ScienceDirect, and CINAHL search databases. The study found 676 articles but only 7 journal articles that met the search inclusion criteria. **Review Methods:** A literature review procedures were used to collect library data, reading and taking notes, as well as critical assessment of managing research materials.

**Results:** The results of this review showed that KMC has been shown to have a positive impact on improving attachment status and resulting in a lower risk of bonding failure between mothers and premature babies.

Conclusion: It is recommended that healt 65 orkers can provide treatment using KMC as an intervention to improve the formation of maternal-infant attachment between mothers and premature babies. The policies related to the implementation of KMC as standard operating procedures are also important.

**Keywords:** Premature Babies, Kangaroo Mother Care (KMC), Maternal-Infant Attachment

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#### INTRODUCTION

Premature babies are born 27 gestational age of fewer than 37 weeks or 259 days from the first day of the last mengal period (Vogel et al., 2018). Although care in the Neonatal Intensive Care Unit (NICU) plays role in reducing the risk of premature death, the separation between mother and baby can lead to limited contact with parents, difficulty bonding with the mother, and changing parental interactions. Deficiency 46 interactions between mother and baby can cause stress, loneliness, fear of loss, and attachment failure (Guillaume et al., 2013; Meijssen et al., 2011). The separation between mother and baby can inhibit early contact and negatively affect the maternal-infant attachment status (Dodwell, 2010; Mehler et al., 2011).

One evidencariased in caring for premature babies is Kangaroo Mother Care (KMC). The World Health Organization (WHO) defines KMC as an intervention for premature infants that use direct touching between mother to baby (WHO, 2003). KMC is a safe, effective, and easy method for premature babies as a comprehensive intervention in the NICU setting (Samra et al., 2013). KMC has several benefits. including increased breastfeeding, maintaining body temperature, prevention of infection, stimulation of nerves, maintaining respiratory regulation, maintaining heart rate and oxygenation status, also reduce energy use (Arya et al., 2021). KMC performed on mothers and babies is useful in reducing disorders postpartum depressive strengthening the relationship between the two of them (maternal attachment) (Chan et al., 2016; Sahlén Helmer et al., 2020).

Attachment is a bonding that is formed between children and parents (Twohig et al., 2016). Attachment contributes to the physical, psychological, and emotional development of premature birth. Babies who do not get strong attachments with their parents may experience obstacles during their growth (Karakaş & Dağlı, 209). A previous study by (Kurt et al., 2020) to determine the effect of KMC on

maternal attachment in premature babies in Turkey showed that premature babies who were given KMC had a higher Maternal Attachment Scale (MAS) score than premature babies were not given KMC as an intervention (p < 0.05). A quasi-experimental study designed by (Mehrpisheh et al., 2013) showed that the maternal attachment rate in the KMC group was higher than those in the control group (p = 6003). After the intervention, premature babies in the KMC group had better breastfeeding than in the control group (p = 0,000). Furthermore, preterm infants in the KMC group gained better weight (p = 0.042).

The implementation of KMC needs to be further studied and researched through a review of previous articles to ensure the effectiveness of that implementation. A review of previous articles was conducted to prove relevant theories to the implementation of KMC in preterm birth. Havever, a literature review study design about the effect of KMC on maternal-infant attachment has not been widely carried out.

This styly aimed to explore previous research about the effect of KMC on maternalinfant attachment status between mothers and premature babies. KMC provides various benefits, including increasing attachment status.

#### **METHODS**

Design

This study was conducted using the literature review method. A literature review is a scientific approach that aims to analyze, evaluate, synthesize, and criticize research finding on a particular topic or topic published online and in print. A comprehensive review of several research studies is determined based on the theme of effectiveness KMC on improving the quality of bonding attachment between mother and premature babies.

Search Methods

Literature search in this literature review used the PubMed, ScienceDirect, and CINAHL databases. Combination searches were completed using Boolean Operators and the Medical Subject Headings (MeSH) term. The following key 69 rds are used in this study: 'Kangaroo Care' OR 'Skin to Skin Contact' AND 'maternal-infant attachment' OR 'bonding' AND 'premature infant.' Literature searches bard on the last ten years (2027-2022) and articles that will be used in this literature review must meet the full text requirements. After that, the selected articles will be reviewed.

The research 10 utilized the inclusion and exclusion criteria to ensure that all relevant articles were included. The inclusion and exclusion criteria in the selection of the articles is following the PICOS framework and are based on the article's characteristics, including publication year, language, and access status.

12 icles selection in this study was carried out based on inclusion and exclusion criteria as shown in Table 1.

Table 1. Inclusion and Exclusion Criteria

No.	Criteria	Inclusion	Exclusion
		Mother and	
1	Population	premature	_
1		baby (<37	-
		weeks)	
2	Intervention	KMC	-
		Attachment	
		between	
		mother and	
3	Comparison	premature	-
		baby who	
		obtained KMC	
		intervention	
		Attachment	
	Outcome	between	
4		mother and	-
		premature	
		baby	
		Original article	Conference
	Study type	without	proceeding
		limitation of	abstracts,
5		research	review
		design	articles,
		(experiment or	
		observation) as	editor or

No.	Criteria	Inclusion	Exclusion
		well as data analysis method (quantitative, qualitative, or	case report, unpublished manuscripts
	Publication	mixed method) Range 2012-	
6	years	2022	-
7	Languages	English	-
8	Access status	Open access	-

# Search Garcome

This study follows Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines by an applying purposive sampling technique. The flow diagram illustrating the search process of relevant articles by following the PRISMA 2020 term is presented in Figure 1.

### Quality Appraisal

The author carries out careful and precise evaluations by using an assessment of the quality of research studies that have been found using the Critical Appraisal Skills Program (CASP). Assessment considerations are given a value of yes, no, or unclear. Each score with the value "yes" is given one point and the others are given a score of zero, then each score is calculated and summed up. If the overall result is less than 50% then it does not pass the critical assessment test and more than 50% then it passes the critical assessment test. Journal quality reviewed are those that pass critical appraisal as many as 7 articles.

#### Data Abstraction

A total of 676 articles were found through Boolean Operators and MeSH term search. The screening process through duplication selection found 279 similar articles exclude and the remaining 397 articles. After reading each title and abstract, 47 articles were included in the study. Then, after reading the complete text articles versions and following to PICOS framework, a total of 6 articles were

judged to meet the inclusion criteria. References from the included studies were manually searched for additional articles that met the clusion criteria, adding one article. Finally, a total of 7 articles were included in this review.

#### Data Analysis/ Synthesis

Researchers synthesize articles by analyzing the findings of each article. We synthesize articles using a synthesis matrix that demonstrates the features of the studies (author and year, aim, design, variable, instrument, analysis, sample, and key findings) to make sense of the reviewed evidence.

#### RESULTS

Based on the synthesis matrix, seven articles reviewed were international journal articles with experimental research designs indexed by Scopus. Those articles use quantitative, qualitative, and mixed method (quantitative-qualitative) data methods. The research was conducted in Iran, Turkey, South Korea, Germany, China, and Norway. Respondents in the reviewed articles were mothers and babies born prematurely. Respondents of mothers had ages ranging from 24 years old to more than 36 years old, while the babies were born at weeks to 36 weeks of gestational age. Most babies are born with a weight of fewer than 2500 grams (Table 2).

KMC makes mothers feel closer to their babies so the maternal-infant attachment status can improve (Mehrpisheh et al., 2022). Attachment is induced biochemically by oxytocin secreted when skin contact, breastfeeding, as well as closeness between mother and baby. Increments in oxytocin are associated with the improvement of maternal mental health (Galbally et al., 2011). Believed that skin-to-skin contact makes parents more responsive and provides better care to babies (Charpak et al., 2001).

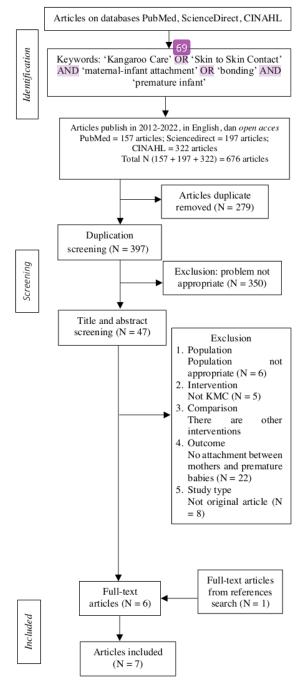


Figure 1. Flowchart PRISMA 2020

Those are a trigger for increasing attachment between baby and their family. Attachment can change the mother's behavior which results in increasing self-confidence and reducing anxiety (Mehrpisheh et al., 2022).

#### DISCUSSION

KMC is an intervention that initiates primer attachment, maintains the long-term attachment, and facilita adaptation between mother and baby (Ahn et al., 2010; Cho et al., 2016a; Vahdati et al., 2017). KMC as 77 important intervention to strengthen the interaction between mother and baby, reduce the mother's stress and anxiety, increase attachent, as well as maintain attachment status in the long term (Kurt et al., 2020). In the study also believed that KMC are useful for strengthening the relationship and initiating breastfeeding in the stratal period (Çelik & Çiğdem, 2022). This is in line with the son y by (Mehler et al., 2020) which states that skin-toskin contact can reduce the risk of maternal depression and bonding failure.

KMC allows premature babies to lie on the mother's abdomen which causes increasing negative pressure on the diaphragm and facilitates respiratory function. KMC has a positive impact on a baby's oxygen needs because its position can promote cardiorespiratory stabilization which is affected by increasing oxygen saturation (Cho et al., 2016a). KMC has a positive impact on reducing the intensity of a baby's crying, accelerating the baby's growth, increasing the frequency of breastfeeding, reducing the intensity of the mother's pain, and making the parents happier (Føreland et al., 2022; Zhang et al., 2021). Thus, KMC is effective in reducing complications in premature birth (Cho et al., 2016b).

In the study defines maternal-infant attachment as a unique relationship that is formed over time and is one of the important factors that support a child to grow healthily (Kurt et al., 2020) The study (Cho et al., 2016) also stated that maternal-infant attachment is

earliest social-emotional relationship between mother and baby consistently built from child to adult. The relationship between mother and baby highly affects physical, psyclopigical, and intellectual development and continues to influence throughout life (Güleç & Kavlak, 2013). The earlier mothers build attachment and interact with their babies, the healthier those relation signs and the stronger in mother's role. Low maternal-infant attachment can be associated with the baby's life in a long time, as well as stardation in social-emotional development (Mason et al., 2011), deviated behavior (Fuchs et al., 2016), malfunction delay (de Cock et al., 2016), and cholic (Yalçin et al., 2010). Therefore, the mother and baby should be together immediately after birth to initiate the interaction between mother and baby (Kurt et al., 2020).

KMC can initiate primer attachment and adaptation between mothers and premature babies (Ahn et al., 2016b). This is supported by the study conducted by (Mehrpisheh et al., 2022) using the Maternal Attachment Scale (MAS) instrument on 100 pairs of mothers and babies born prematurely Iran which showed that the attachment status of mothers in the experimental group significantly increased than the control group  $(47.7 \pm 2.9)$  $40.4 \pm 5.4$ , p = 0.003). In that study, babies in the intervention group had better breastfeeding than the control group  $(10.6 \pm \frac{1}{16})$  vs  $8.2 \pm 1.6$ , p = 0.000). Furthermore, babies in the intervention group significantly had better gight gain than the control group (2164.6 ±  $481.1 \text{ vs } 1965.2 \pm 372, p = 0.042$ ). 62

The study (Kurt et al., 2020) that determine the effect of KMC on attachment in premature infants in Turkey showed the mother's attachment score in the experimental group (35.03  $\pm$  5.54) was significantly (p < 0.001) higher than in the control group (29.87  $\pm$ 4.66). That study was conducted using MAS questionnaire with the Alpha Cronbach equal to 0,83. The result study (Kurt et al., 2020) is in line with the study by (Çelik & Çiğdem, 2022)

in Turkey which indicates that the MAS score in the control group was  $90.85 \pm 8.26$  while in experimental group was 99.19 ± 9.26, so there was a statistically significant difference between two groups (p < 0.01).

The first hour after birth is a 576 sitive period to strengthen the bonding between mother and baby (Føreland et al., 2022). Closeness through touching and visual contact sensitive periods is important to strengthen the relationship between mother and baby (Maastrup et al., 2018). The study that conducted in China to determine experiences of mothers after implementing KMC (Zhang et al., 2021). As many as 89% of mothers who participated in that study believed that KMC can improve the premature baby's ability to breastfeed, strengthen ning, and speed up postpartum recovery. Mothers who have skin-to-skin contact with their babies argued that it was a good intervention to know the baby's well-being and vital status, could strengthen bonding, and make the mothers feel calmer (Føreland et al., 2022).

A study in Turkey (Çelik & Çiğdem, 2022) to identify the effect of KMC on mothers with Vulnerable Infant Syndrome (VIS) showed that the Vulnerable Baby Scale (VBS) score in the control group was  $43.66 \pm 4.63$ , while the VBS score in coexperimental group was 17.22 ± 5.39, so there we significant differences in these two groups (p < 0.001). The Edinburgh Postpartum Depression Scale (EPDS) score in the control group was 17.22 ± 7.95, while the experimental group was 4.48 ± 5.38, so there was a significant difference in EPDS score between these two groups (p < 0.001). The results showed that KMC can reduce in mother's vulnerability and depression.

Mothers have the opportunity to direct kin-to-skin contact when doing KMC with their babies. Contact and attention given by the mother to the baby can bring up feelings of happiness in the mother so it has the potential to reduce maternal stress (Cho et al., 2016a). It can trigger a positive response and strengthens

the attachment between mother and baby (Karakaş & Dağlı, 2019). The study in South Korea by (Cho et al., 2016) showed that the perimental group that provided KMC has a higher maternal-infant attachment score (F = 25.881, p < 0.001) and lower maternal stress score (F = 47.320, p < 0.001) than the control group.

KMC positively affects the interaction quality between mother and baby as well as reduces the risk of postpartum depression and bonding failure without causing complications in premature infants. Through KMC, mothers can provide a comfortable environment for premature babies so the feelings that appeared can reduce the mother's anxiety (Mehler et al., 2020). It was approved (Mehler et al., 2020) which suggests that mothers and babies in the skin-to-skin contact group have better responsive behavior (motoric and vocal) (p = 0.41). Skin-to-skin contact led to lower 18ks associated with postpartum depression ( $\overline{p} = 0.003$ ) and 3 and 4 and 5 and 5 and 6 a 0.031). The stress level in the skin-to-skin contact group was lower than the visual contact group (p = 0.559).

A good attachment between mother and baby has the benefits to reduce the crying intensity and lowering the impact of stressful experiences due to hospitalization for both mother and baby (Miller & Commons, 2010). This can build secure attachment which is shown by the comfortable feelings when making some interactions. This type of attachment will babies get when the mothers respond to their needs full of affection. This attachment is considered to be safe because the babies will try to interact with their mothers when they feel stressed. Babies will look for mothers to express their emotions. The feeling of safety between mother and baby shows that the mother can be fully present, consistently, and responsively to the baby's emotions and behaviors (Frazier & Scharf, 2015).

Table 2. Synthesis of Result

ž	Author	Method	Some	Kor Einding
9	and Year	Memon	Sample	Ney Findings
<u>-</u>	Mehrpisheh	Sesign:	The sample of this study was 100	After the implemental ation of KMC, maternal
	et al., 2022	A Quasi-experimental study with pre-test and post-test.	pairs of mothers and premature	attachment status in the experimental group was
		Variable:	babies (50 pairs in the	significantly higher than the control group (47.7
		KMC and attachment between mothers and premature babies.	experimental group and 50 pairs in	$\pm 2.9 \text{ vs } 40.4 \pm 5.4, p = 0.003$ ).
		Instrument:	the control group) who were	
		A demographic questionnaire and Maternal Attachment Scale	admitted to the NICU in Iran from	
		30AS). Anolysio	March 2019 until February 2020.	
		The t-test, Chi-Square test, and Mann-Whitney test.		
2.	Kurt et al.,	Design:	The sample in this study was 60	The maternal attachment score in 14c
	2020	Quasi experimental.	pairs of mothers and p <sub>32</sub> ature	experimental group (35.03 $\pm$ 5.54) was
		Variable:	babies (30 pairs in the	significantly higher ( $p < 0.001$ ) than in the
		KMC and maternal attachment status.		control group $(29.87 \pm 4.66)$ .
		Instrument:	the control group) in the NICU	
		A demographic questionnaire and Maternal Attachment Scale	setting in Turkey.	
		(MAS).		
		Analysis:		
		The t test, Chi-Square test, Kruskall-Wallis test.		33
3.	Cho et al.,	43 ign:	The sample in this study was 40	The breathing pattern of premature infants in the
	2016	Quasi-experimental with non-equivalent control groups and	pairs of mothers and pr50 ature	experimental group decreased significantly than
		pre-test post-test.	babies (20 pairs in the	the control group (F = 5.70, p = $0.020$ ). The
		Variable: 74	experimental group and 20 pairs in	experimental group had a higher score in
		KMC, physiological functions, maternal-infant attachment	the control group) born at $\geq 33$	maternal-infant attachment (F = 25.881, p <
		status, and maternal stress.	weeks of gestation in Seoul, South	0.001) and a lower score in maternal stress (F =
		Instrument:	Korea.	47.320, p < $0.001$ ) than the control group.
		Observation sheet of physiologiq10 functions (body weight,		
		heart rate, respiratory frequency, oxygen saturation, and body		
		(MAI) and modified Parental Stress Scale (PSS)		
		Analysis:		

	Author			
No.		Method	Sample	Key Findings
	45	The t test, ANOVA and ANCOVA test.		
4	Mehler et	Design:	The sample in this study was 77	The positive res <sub>[73]</sub> se between mothers and
	al., 2019	Single-centre randomized controlled trial.	pairs of mothers and premature	premature infants was significantly higher in the
		Variable:	babies (39 pairs in the DR-SSC	DR-SSC group than in the VC group (86 ± 26 vs
		DR-SSC, VC, response to the interactions between mother	group and 30 pairs in the VC	$71 \pm 32$ , $p = 0.41$ ).
		and baby, cortisol hormone levels, maternal depression levels,	group).	There were increasing cortisol levels in the VC
		stress levels, and bonding status.		group than 13 the DR-SSC group (76% vs 52%,
		Instrument:		p = 0.071) but the difference was not statistically
		Mannheim Rating Scale, 49 oratory analysis to measure the		significant. 8
		hormone cortisol levels, Center for Epidemiological Studies		DR-SSC leads to a lower risk of postpartum
		Depression Scale, Parenting Stress Index (PSI), and Parental		depression (15% vs $45\%$ , p = 0.003) and
		Bonding Questionnaire (PBQ).		impaired bonding $(21$ s 5, p = 0.031) than VC.
		55 alysis:		The stress levels in the DR-SSC group were
		The t-test, Wilcoxon-Mann-Whitney test, and Fisher test.		lower than in the VC group $(49 \text{ vs } 51, p = 0.559)$ .
5.	Zhang et al.,	Design:	The sample in this study was 752	55.5% of mothers want the duration for KMC to
	2021	A mixed method.	pairs of mothers and premature	be about 1 until 2 hours, while 26.7% of others
		Variable:	babies (born between 34-36 weeks	want the implementation of KMC in less than 1
		63 C; mother's experiences during the hospitalization; and	of gestational age) in four	hour. Most mothers (89.0%) not having
		mother's perception of KMC, its processes, benefits, and	postnatal wards.	difficulty when doing KMC and argue that
		challenges.		KMC can improve the ability of premature
		Instrument:		babies for breastfeeding, strong bonding, and
		A maternal-infant demographic questionnaire and interview		better postpartum recovery.
		guideline.		
		Analysis:		
		Descriptive analysis using percentage table (quantitative) and		
		transcription of qualitative data audio recordings on KMC		
		experiences and processes in the postnatal ward.		
9.	Foreland et	Design:	The sample in this study was 10	Mothers in the SSC group recognized that SSC
	al., 2022	A qualitative randomized controlled trial using semi-	pairs of mothers and premature	is a good intervention to know the baby's well-
		structured interviews.	babies (5 pairs in the SSC group	being and vital status, can strengthen bonding,
		Variable:	and 5 pairs in the TC group).	and make mothers calm. In the TC group,

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	;			
No.	Author and Year	Method	Sample	Key Findings
		Mother's experiences, SSC, and TC.		mothers feel fear, worry, and feeling of
		Instrument:		separation so the bonding process between
		Interview guideline.		mother and baby becomes inadequate.
		Analysis:		
		Qualitative content analysis.		
7.	Celik et al.,	Design:	The sample in this study was 58	The average VBS score in the control group was
	2021	An experimental study in the NICU setting with pre-test and	pairs of mothers and prenature	$43.66 \pm 4.63$ , while the average VBS score in the
		post-test.	babies (31 pairs in the	$\exp(40^{\circ})$ ental group was $17.22 \pm 5.39$ , so there
		Variable:	experimental group and 27 pairs in	was a statistically significant difference in these
		KMC, mother's perception of vulnerability, postpartum	the control group).	two groups (p < 0.001). Based on this
		depression levels, and attachment status between mother and		information, it is shown that KMC positively
		baby.		q8 cts a mother's perception of vulnerability.
		Instrument: 23		The average EPDS score in the control group
		Mother and baby demographic questionnaire, Vulnerable		was $17.22 \pm 7.95$ , while in the 39 perimental
		Baby Scale (VBS), Edinburgh Postpartum Depression Scale		group was 4.48 ± 5.38, so there was a
		(EPDS), dan Maternal Attachment Scale (MAS).		statistically significant difference in average
		Analysis:		EPDS scores between the two groups (P <
		The independent t-test and dependent t-test.		0.001).
				The average MAS score in the control group was
				$90.85 \pm 8.26$ , while the average MAS score in
				34 experimental group was 99.19 $\pm$ 9.26, so
				there was a statistically significant difference in
				average MAS scores between the two groups (P
				< 0.01).
				These results showed that KMC effectively can
				reduce a mother's perception of vulnerability,
				reduce maternal depression levels, and increase
				attachment between mothers and premature
				babies.

#### CONCLUSION

This literature review study desanalyzed the previous articles that identified the effect of KMC on maternal-infant attactment between mothers and premature babies. Based on that analysis, it can be concluded that there is an effect of KMC implementation on the maternal-infant attachment between mothers and premature babies. KMC conducted in the NICU setting has been shown in improving maternal-infant attachment status and reducing the risk of bonding failure between mothers and premature babies. Therefore, health workers can provide KMC as an intervention to increase the maternal-infant attachment between mothers and premature babies.

There are few studies focused on the effect of KMC on maternal-infant attachment, especially in Indonesia. Therefore, the authors suggest that further researchers can conduct research on this topic in the experimental study design using various instruments. The authors also suggest that hospitals make policies related to the implementation of KMC as standard operating procedures for premature babies.

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# 35 DECLARATION OF CONFLICTING INTEREST

The authors stated that they did not competing interests in producing this manuscript.

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# AUTHOR CONTRIBUTION

**Zubaidah:** made substantial contributions to the conception of the study and approved the final manuscript. **Ayu Diah Safitri:** took responsibility for data analysis, interpretation, discussion of results, also writing and editing manuscript.

#### ORCID

**Zubaidah Zubaidah:** https://orcid.org/0000-0002-9696-7165

Ayu Diah Safitri: None

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# EFFECT OF KANGAROO MOTHER CARE (KMC) ON THE FORMATION OF MATERNAL-INFANT ATTACHMENT BETWEEN MOTHERS AND PREMATURE BABIES: A LITERATURE REVIEW

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