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Panama Breastfeeding Promotion Project Evaluation

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Executive Summary

Nationwide surveys conducted in the late 1970's and early 1980's in Panama illustrated relatively short durations of breastfeeding. The duration of exclusive breastfeeding was especially low. In 1980, only 16% of infants 0-2 months of age were exclusively breastfed. Concern for the health consequences of these patterns led to the development of the Panama Breastfeeding Promotion Project (El Proyecto Panameño de Promocion de Lactancia Materna). Initiated in September, 1983 the project continued through 1987.

The project was designed to be executed by local inter-sectoral commissions in each of the 11 regions throughout the country. The project included the following activities:

* Training of health professionals and education of the public in the benefits of breastfeeding,

* Establishment of milk banks in hospitals in six regions,

* Development of activities to promote breastfeeding among working women,

* Support of project activities through information dissemination by PROLACMA, the local La Leche League affiliate,

* Production of mass media campaigns.

Training

The number and type of activities within the regions varied but most local interventions were based primarily on training and promotion of changes in hospital practices. Over 49,000 of the public received information from the regional activities and over 4000 health personnel were trained through regional workshops.

Milk Banks

A unique aspect of this project was the support of milk banks in 6 out of the 11 Ministry of Health hospitals. These milk banks were associated with reductions in the use of formula and significant cost savings to hospitals. Their availability supported changes in hospital practices.

Working Women's Component

Legislation was passed prior to the initiation of this project that dictated the provision of locations at the work site for breastfeeding, 15 minute nursing breaks every 3 hours (or two half hour breaks twice a day) and day care centers at the work site. However results from this component illustrate that these are not enforced.

This component included discussions with women in labor unions about breastfeeding. A training seminar was held for 21 women directors of major labor unions and 90 working groups of about 10 persons (1033 women) each were set up in the various factories. During a four month period, visits were made to each of the working groups to distribute information and hold discussions with the union members.

Results obtained from 20 working groups found that major problems women reported to have with breastfeeding were because none had creches at their work sites, it was difficult for working women to breastfeed, little information was available on the importance of breastfeeding, there were no facilities for pumping at work. Solutions suggested to solve such problems included the establishment of creches at the work site, provision of a site for pumping and encouragement for women to express milk for their infants.

The working women's component of this project is one of the first to examine the problems working women face in breastfeeding. The findings point to the need to train health professionals and educate the public on methods of maintaining breastmilk output when mothers are separated from their infants due to employment. There is also a need to assess whether the enforcement of laws on nursing breaks and creches at the work site will enable increased rates of breastfeeding among working women and how such enforcement can be encouraged.

Information Dissemination and Mass Media

In the design of the program, one of the factors that was seen to interfere with natural breastfeeding and appropriate infant feeding was the lack of scientific and technical information. The local La Leche League affiliated, PROLACMA developed the information center for the project to address this problem.

While the National Mass Media campaign was delayed and was not developed in close conjunction with the other components, the mass media campaigns conducted by several of the regions were more successful. In Chiriqui, Cocle, Colon and Veraguas, local radio campaigns were undertaken. These campaigns were integrated with the other regional activities, including the milk banks, and

helped to support their operations.

Impact on Hospital Practices

Substantial changes were reported in hospital practices related to breastfeeding since 1984. These changes included increased rates of rooming-in, increased support for breastfeeding among health professionals, decreased routine formula use in hospitals, decreased use of glucose, decreased use of oxytocin, and decreased intervals between delivery and first breastfeed.

Impact on breastfeeding

While no nationwide data are available to assess the impact of the entire project on breastfeeding practices, some regions had small scale evaluations that illustrated major improvements in hospital practices and subsequently breastfeeding rates. Case studies conducted in 1987 within 21 hospitals throughout the regions also illustrate changes brought about by the project

In Cocle, for example, the proportion of infants ages 2-4 months who were exclusively breastfed increased from 30% in 1984 to 57% in 1986. In Chiriqui, rooming-in was noted previously to be limited, but increased dramatically with the project. Records from the one hospital in David, reported substantial decreases in the number of bottles prepared, which corresponded with the increase in rooming-in and the establishment of the milk bank.

The case studies illustrated that in 80% of sites, changes were reported in hospital practices related to breastfeeding since 1984. These changes included increased rates of rooming-in and an increase in breastfeeding by the staff and mothers. The major motivations given for making changes included an increased understanding of the benefits of breastfeeding, enforcement of norms and supervision, and training received.

Financing of the project

The total expenditures for this 4-year project were $720,000 with the major costs for the regional training activities. Data from the major maternity hospital in Panama City are illustrative of cost savings in a major metropolitan center. The average expenditures for formula provided to infants in the Hospital del Niño, in 1980-1981 prior to the initiation of the milk bank was estimated at $23,710 compared to $12,490 in 1984-1985, a savings of over $11,000. Data from two small regional hospitals in Cocle with less than 1000 births each per year show a similar trend, though of a much smaller magnitude because of the lower number of births. Comparing the data from two hospitals in Cocle, an estimate for cost savings before and after the project, was between $800-1250 per year per hospital.

Conclusion

The regional focus was a unique aspect of this project, because activities were planned and conducted within each region quite independently, thus allowing for substantial flexibility in programs. Support for regional activities came from the enforcement of national norms on breastfeeding. While previously these norms had been in place (such as rooming-in and limited use of bottles), the program helped ensure that the supervisory staff checked whether the norms were being followed and strongly encouraged their enforcement when found to be lacking.

The milk banks established within the six regions also probably helped to reinforce the activities promoted by the training activities and changes in hospital practices.

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Background

The Panama Breastfeeding Promotion Project (El Proyecto Panameño de Promocion de Lactancia Materna) began from concern over low rates of breastfeeding duration. Comparisons of studies conducted in 1976 and 1979 (Millman, 1986) showed a slight decline in the proportion of children being breastfed. Rural areas were experiencing the sharpest declines with the proportion of children breastfed falling from 81% to 73% at 1 month and 47% to 42% at 12 months of age. Breastfeeding durations in urban areas were low, with only 48% of women breastfeeding at 1 month in 1976 and 45% in 1979. In 1976, the proportion breastfeeding at 12 months was 12% and in 1979 13%.

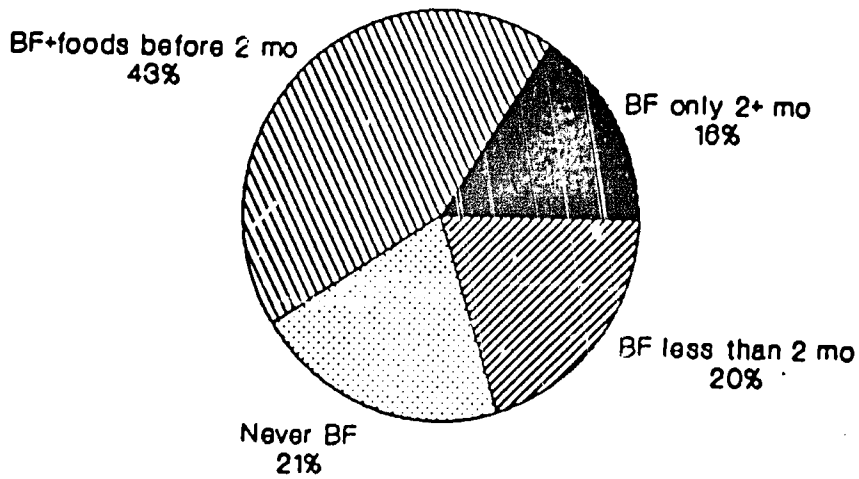
The National Nutrition Survey conducted in 1980 noted very low rates of exclusive breastfeeding. As shown in Figure 1, only 16% of infants were breastfed more than two months and not supplemented with other foods after the age of two months (Franklin and Harrell, 1983). Ramirez (1987) reported that water was introduced among over 90% of infants in the first two months of life, with 77% receiving water in the first month. The average age of introducing water was 9 days, and ranged from 3 days to 30 days within the various regions in Panama.

Such results generated concern among health professionals for short durations of breastfeeding and of exclusive breastfeeds. The momentum to develop a National Breastfeeding Promotion project in Panama began in the 1970's. Norms for hospital practices to promote breastfeeding had been established in 1975. PROLACMA, the La Leche League affiliate, was established in Panama in 1978. In 1979-1980, the Facultad Latinoamericana de Ciencias Sociales (FLACSO) supported a small study to increase breastfeeding rates in a health center in Betania, a suburban area of Panama City. Several national seminars had been held on breastfeeding, including one supported by FLACSO in Panama in 1979, a US AID sponsored Breastfeeding and Infant Nutrition Seminar held in Honduras in 1980, and an INCAP (Instituto de Centro America y Panama) seminar held for the Central American countries on the Isla Contadora, in Panama in April 1983.

In September 1983, the US AID sponsored project began with the purpose of promoting breastfeeding in Panama. This project was coordinated by the National Commission for the Promotion of Breastfeeding, executed by the Ministry of Health, with funds administered by INCAP through the local office of PAHO (Pan American Health Organization).

Figure 1

Feeding Practices of Infants
in Urban Panama



Ref: Franklin and Harrell, 1983

The Project

The Panama Breastfeeding Promotion Project was first directed by the National Commission for the Promotion of Breastfeeding, with the Vice-Minister of Health as the coordinator. This commission consisted of representatives of the Ministry of Health, Social Security Commission, Ministry of Work and Social Welfare, Panama Societies for Pediatrics, Obstetrics and Gynecology, and Odontology, PROLACMA, and the University of Panama.

The commission proved to be an important force in providing the project with the initial political support needed to obtain funding and in involving of all the interdisciplinary groups included. Subsequently, the Ministry of Health (MOH), which was to execute the project, took over the coordinating role. The commission continued however to play an important role through assistance provided by members in overseeing project activities, and in helping to implement various phases.

The project was designed to be executed by local inter-sectoral commissions in each of the 11 regions throughout the country. The project included the following activities:

* Activities to educate the public and to train professionals.
* Milk banks established in hospitals in 6 regions.
* Component for working women's developed through the Social Security Commission.
* Information dissemination project run by PROLACMA, the private breastfeeding support organization.
* Mass media campaigns.

Evaluation Methodology

This evaluation of the Panama Breastfeeding Promotion Project was conducted through a series of activities. Case studies conducted in 1987 were used to assess impacts on hospital practices. Progress reports that were prepared by the project managers and submitted to US AID were reviewed. The final evaluation workshop held in June 1987, in David, Chiriqui, included papers presented by staff from each region which included summaries of the activities of the project. The final evaluation workshop also included reports on the other aspects of the project, including the Working Women's and Milk Bank components.

Case Studies of Hospitals

A one week site visit to Panama was made by Dr. Huffman in conjunction with Dr. Carlos Samayoa, the project manager from INCAP. During this visit, a case study questionnaire (Appendix 1) was devised with the Ministry of Health to assess the impact of the project within each region, focusing on changes in hospital practices. Dr. Huffman was to return to Panama to attend the evaluation workshop and to provide training for the staff who were to carry out the case studies. Because of political problems, clearance was not obtained for that trip. However, the case studies were conducted by Ministry of Health (MOH) staff for 21 hospitals located throughout the 11 regions in the second half of 1987.

The project had originally devised several evaluation methodologies to be used to assess the impact of the project. These included pre-and post-tests of the knowledge, attitude and practice (KAP) of health professionals, a KAP of mothers of young children attending health clinics, baseline and follow-up surveys of postpartum women, and baseline and follow-up surveys of working women's component. While none of these was able to be completed due to political problems, the surveys provided some data used in this report.

KAP of Professionals

To evaluate the effect of the training on the KAP of practitioners, a pre and post project KAP survey was planned for obstetricians and pediatricians. Initially, questionnaires were distributed at the Congreso de Pediatrica in 1984, but only 20 attendees returned the questionnaire. Questionnaires were also sent to pediatricians working with the MOH and CSS (Social Security Commission), with minimal response.

Thus, the data collection strategy was changed. An interviewer went to all the health centers and polyclinics in Panama City, and gave the questionnaire to the physician and waited for it to be filled out. Because of the delays involved due to both change in strategy and high turnover in interviewers, the KAP was not finished until 1986. This is problematic since the program had been underway for 2 years, and thus this can not serve as a baseline.

While pre and post-tests were eventually standardized based on the central pre-post test, the results were analyzed locally, and subsequently sent to the central office. Since grading was conducted differently in each location, specific answers to questions not reported, and tests not kept, their usefulness in an evaluation of the effect of the training is limited. However, they do provide an indication of changes due to the training in

each region. The questionnaires used in the KAPs are given in Appendix 2 and 3.

KAP of mothers of young children using health clinics

To assess whether changes in breastfeeding and weaning practices occurred as a result of the project, mothers were interviewed in health centers at the same time the interviewer came with the KAP for physicians. These were conducted only in the major metropolitan areas, including 150 women in MOH centers in Panama City, 150 in CSS centers in Panama City, 150 in David (Chiriqui) and 150 in Colon, where the MOH and CSS health services are provided in the same centers. The questionnaire used in this KAP is given in Appendix 4. The analyses of these data, to be conducted by INCAP, are not yet complete. There usefulness is limited because no follow-up surveys were conducted.

Baseline and follow-up of postpartum mothers

Since the Centers for Disease Control, in conjunction with the Ministry of Health, was to conduct a nationwide survey on maternal and child health and family planning that contained questions on breastfeeding practices in 1984, this was planned to serve as a baseline for the project. The survey was not finalized in some areas until 1985, and some of the project components had already been under way by that time.

A follow-up survey was to have been conducted as part of the baseline survey for the Child Survival Program in Panama. Political problems interfered with this project as well as the survey, and thus to this point no follow-up survey has been conducted. The many political problems and social/economic disruptions during the period between 1987 and 1990 make assessments of any changes in breastfeeding practices during this follow-up period difficult. Breastfeeding may have been affected not only by the project but also by other national factors.

Surveys of working women's component

Baseline surveys were administered to working women who took part in the workshops held for labor unions and other women working outside their homes. The questionnaire used is given in Appendix 5. Analyses of these data are being conducted at INCAP. A follow-up survey using a slightly revised form was to have been conducted.

Training

Health and other sector personnel including those from the Ministries of Employment, Agriculture and Education were included in the training component of the project. Two national training seminars were held in January 1984, with representatives from

each region attending and professionals from INCAP giving presentations. INCAP provided the training materials for these sessions.

The principal intent of these and subsequent workshops was to teach the benefits of breastfeeding, provide technical information on breastfeeding and appropriate ages of weaning, and to focus attention to the need for enhanced breastfeeding. Little clinical training on the management of breastfeeding problems was included.

Regional Training

The Panama Breastfeeding Promotion Project was carried out primarily through regional activities. Within each region, an intersectoral commission was established, generally meeting at least once a month to plan activities for the project. In some cases, for example in East Panama City, the commission included only the Ministries of Health and Education. In other regions, such as Chiriqui and Colon, the commission also included the Ministry of Agriculture and Labor.

Activities were conducted in regions through the Maternal and Child Health (MCH) Division in the Ministry of Health (MOH) with the help of regional Commissions on Lactation. These included the design and production of local teaching and promotional materials, and mass media activities including radio programs, posters, pamphlets, including some in local languages. Some regions conducted research on breastfeeding practices and factors associated with various breastfeeding practices.

Regions that are more highly urbanized had generally lower rates of breastfeeding, and shorter average durations of breastfeeding. Table 1 shows results of a 1984-1985 survey that illustrates these regional differences (Encuesta Nacional de Salud Maternal Infantil y Planificacion Familiar, 1986). Such patterns and regional ethnic and language differences, as well as staffing realities, indicate the importance of the project's regional approach. A map of Panama illustrating these regions is shown in Figure 2.

Funds for the regional activities were obtained from the central office in Panama City. Regions submitted proposals for planned activities, and PAHO provided advance payment. While the Commission oversaw activities, the Maternal and Child Health Division of the Ministry of Health directed most activities and approved fund allocations.

Local Ministry of Health staff developed proposals for projects by each region. Each year, the central office held a meeting with the regional director to program all activities of the MCH Division of the MOH were programmed. Within this meeting, the

Table 1. Breastfeeding Practices by Region 1984-85

Region	Percent Ever Breastfed	Mean Duration (mo.)	% Urban
Panama Metropol.	94%	8.9	90%
Panama Este	92%	9.6	18%
Panama Oeste	91%	9.1	52%
Colon	93%	10.0	51%
Cocle	96%	12.4	25%
Chiriqui	94%	12.9	36%
Bocas de Toro	96%	14.9	37%
Veraguas	98%	15.2	15%
Herrera	91%	9.0	40%
Los Santos	80%	4.8	11%
Darien	96%	14.0	5%
San Blas	95%	18.1	0%

Reference: CDC, 1986

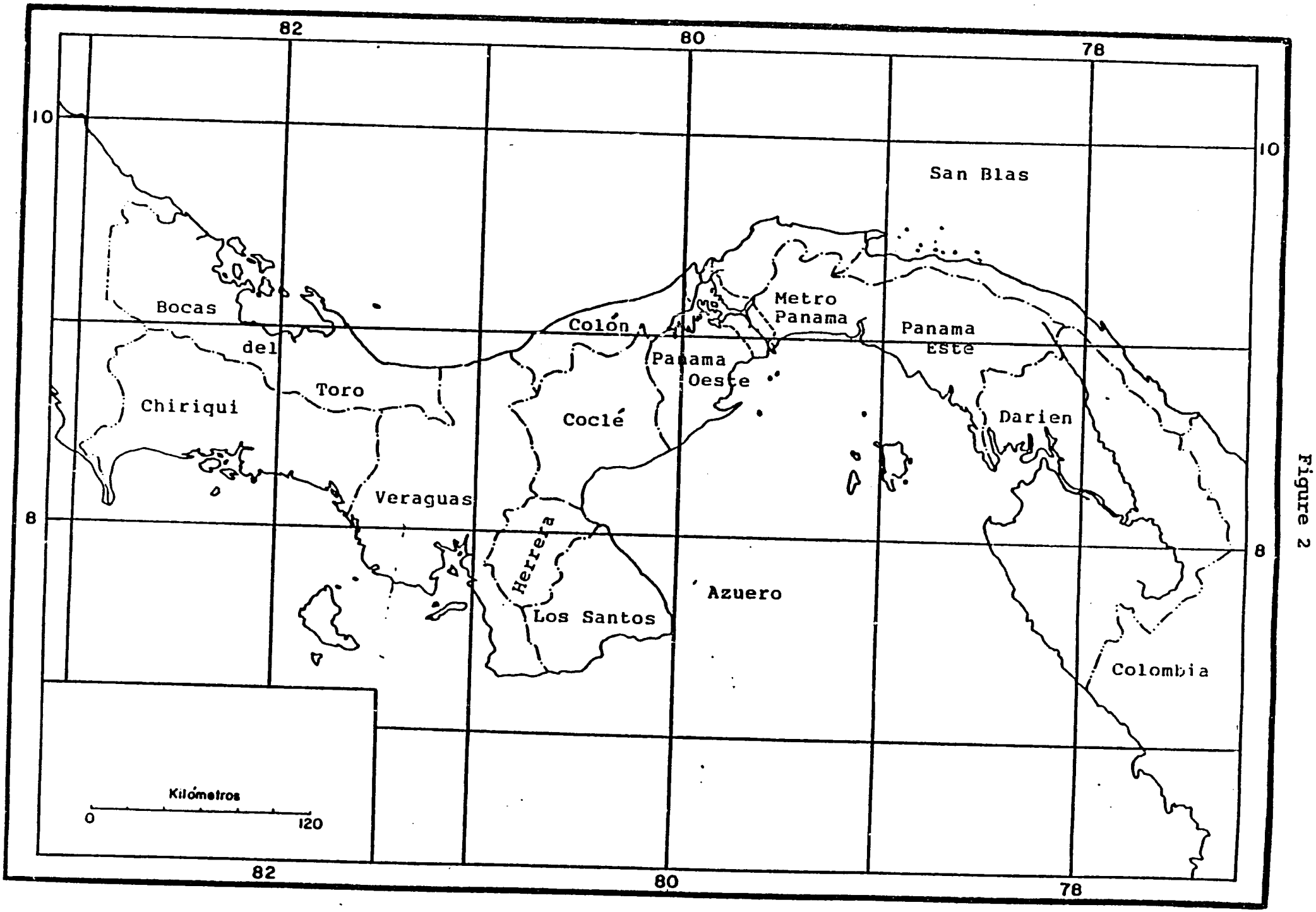

82
80
78
10
8
San Blas
Bocas
del
Toro
Chiriqui
Colón
Metro
Panama
Panama
Este
Panama
Oeste
Coclé
Darien
Veraguas
Herrera
Los Santos
Azuero
Colombia
Kilómetros
0
120

Figure 2

inclusion of activities on breastfeeding were suggested. The proposal requirements were simple: a one-page description of the activities and the budget for each activity. No proposals were rejected, but there was no follow-up if regions did not submit specific proposals for activities that were planned at the annual meeting. No funds were disbursed without proposals.

Table 2 shows the funds provided for regional training workshops. As indicated, the amount expended per region varied substantially. In part this is due to the different sizes of populations served by each region. For example, metropolitan Panama has the highest population of all the regions, and one of the highest expenditures. The types of activities conducted by each region also varied considerably. Regions that were able to plan more activities had larger expenditures than others. This was often because of specific individuals who were responsible for the MCH activities or the breastfeeding activities.

Participants from each region had attended the national workshops, and in general were the organizers of the regional workshops, with support also given by members of the national commission. Regional commissions were established; in the successful cases, they included the regional supervisory staff of the MOH. While the central MOH sent slides to the regions for the seminars, their plans to provide teaching materials was interrupted when the private printing company contracted to supply the materials going out of business. The legal problems that resulted led to an extensive delay in the production of training materials. Local groups therefore prepared their own materials.

Staff who attended the regional workshops also ran local seminars. Other training activities included seminars held for pediatricians, obstetricians, administrative personnel, university students, and clinic and hospital staff. Training activities also were incorporated with regular training activities for other health components, including school health, infectious disease, diarrheal disease, sex education, and growth monitoring programs.

The number of personnel trained through regional workshops is given in Table 2 and the number of the public given educational talks is shown in Table 3. These data are based on reports from the individual regions. As indicated, they are incomplete for many years. However using only the reported numbers, over 49,000 of the public received information from the regional activities and over 4000 health personnel were trained through regional workshops. Additional health personnel were trained through local activities such as on-site training and staff orientations.

Table 2. Number of personnel trained through regional workshops and associated costs

Region	No. of Meetings	No. Of Participants	Cost
Cocle	14	2185	$27,301
Colon	1	17	1,146
Bocas de Toro	2	65	2,001
Chiriqui	13	1080	24,678
Darien	2	72	2,386
Panama City	46	2617	81,207
Panama Oeste	3	186	1,829
Paname Este	4	201	4,581
Azuro	4	163	2,622
San Blas	NA	NA	NA
TOTAL	75	4401	$147,751

NA = Not available

Source: Financial data reported by INCAP, 1988.

Table 3. Number of the public given education in breastfeeding

Region	1984	1985	1986	1987	Total
Cocle	-	788	4539	NA	5,327
Colon	3400	3615	3396	NA	10,411
Bocas de Toro	NA	NA	NA	185	185
Chiriqui	6290	468	3877	NA	10,635
Darien	NA	NA	NA	NA	NA
Panama City	NA	NA	NA	NA	5,076
Panama Oeste	NA	NA	NA	NA	90
Panama Este	3569	7085	5916	NA	16,570
TOTAL					48,294

NA = not available;

Reference: National Evaluation Workshop, 1987, Quarterly Reports, 1983, 1984, 1985, 1986.

Activities within Each Region

For the National Evaluation Workshop (June 1987), each region prepared reports on their activities. This information, summarized below, in conjunction with the case studies on the hospitals within each region, illustrates the range of activities that some of the regions carried out.

Cocle

The population of this region in 1980 was 141,000 with 25% urban (Encuesta Nacional de Salud Maternal Infantil y Planificacion Familiar, 1986). About 40-60% of all births are delivered by professionals. The intersectoral commission in Cocle included members from the health sector, and Ministries of Agriculture, Education and Labor. The project in Cocle began in March 1984, with organizational meetings of the regional commission. The project was closely aligned with the MOH regional office and the project became part of the basic health program of the health sector.

The training component of the program resulted in more than 2,000 personnel trained, and education programs for the public resulted in over 5,000 people involved in classes. Comparisons of pre-and post-tests given in 1984 through 1986 before and after such training resulted in an average of 20% improvement in knowledge.

Both hospitals in Cocle wanted to have a milk bank, but funds were available for only one. The staff of the Agua Dulce hospital and facilities were thought to be more oriented toward a milk bank. Thus, the hospital received funds for the milk bank. In January 1985 the milk bank was inaugurated in the hospital in Agua Dulce.

Rooming-in began in June 1984 in both hospitals, but is practiced among caesarian cases only in Agua Dulce because of physical constraints and hospital regulations in Penonome.
A site visit was made (by S.L. Huffman and C. Samayoa) to both hospitals in Penomome and Agua Dulce where substantial changes in breastfeeding practices were reported.

Hospital site visit in Penonome

All the obstetricians (3) and obstetric nurses (3) had received training through the project, and 2 out of 3 pediatricians, and the pediatric nurse also received training. Of auxiliaries, 3 of 8 received training.

Before:

Prior to the project, newborns received nothing by mouth for the first 4 hours after birth. During the next 4 hours, they

received dextrose every 2 hours. Formula was then given for 8 hours. Infants were kept in a separate newborn nursery. Mothers usually were released after this time.

After:

Currently, following delivery, the infant is separated from the mother for 1/2 hour (during the day) to 3 hours (at night) for the examination. They are then placed with mothers in isolettes next to the bed. Family members are allowed to be with the mothers to help them care for the infant. None of these infants receives formula, and dextrose water is used only for problem cases, such as breast abscesses. Women with normal vaginal deliveries are kept in the hospital for 24 hours.

There is no newborn nursery, but all premature newborns, and those of mothers with C-sections are kept in intensive care. Such infants receive formula. Women with C-sections are kept with surgical cases in a separate ward, far from their infants. They are not allowed to touch them, as once the infants leave intensive care, they cannot return. Hospital policies do not allow such infants on the surgical ward, because of fear of contamination. Once the hospital is renovated (plans are to do so soon), C-section mothers will be placed near to the infants, and perhaps rooming-in will be allowed for them at that time.

Hospital site visit in Agua Dulce

A visit to the hospital in Agua Dulce in June 1987 found substantial changes had taken place in this hospital as well.

Before:

Prior to the project, neonates were separated from mothers for 24 hours. There was no rooming-in until after this time, although infants were fed breastmilk and not formula during the first 24 hours.

After:

This hospital has a milk bank that was established as a result of the project. The room where infant formula previously was made was divided into two, and half is now used for making formula and the other half for the milk bank. Premature infants receive donated milk and full term babies are given breastmilk on demand. A pump is available in the ward for mothers of sick or premature infants. During the first two hours after birth, all babies are given dextrose to check for gastrointestinal disorders. Subsequently, they are given to their mothers in the wards by 2 hours following delivery for vaginal births, and 24 hours for C-sections. C-section babies receive banked milk if there is sufficient milk, but otherwise receive formula. Such mothers are

in the same ward as the other mothers. They then have the infants with them after 24 hours. C-sections are kept in the hospital for 48 hours, and vaginal births for 24 hours.

Impact on breastfeeding rates

Cocle represents one of the few regions in which data were collected to assess the impact of the activities on breastfeeding practices. Data were collected during 3 months (May through July) in 1984, 1985 and 1986 in a random sample of one-third of all infants ages 2-4 months attending a well child clinic in Penonome. The proportion of children being exclusively breastfed increased from 30% in 1984 to 57% in 1986. Rates of illness were also studied and in each year, illness was lower in all years among the exclusively breastfed infants.

Evaluations of the milk bank in Penonome, Cocle found substantial decreases in the number of bottles prepared for newborns as a result of the changes in hospital policies regarding infant feeding and rooming-in. The results compared 1984 to 1986 for 3 months during the year indicate an average decrease of about 60-75% in bottles. Similar results were obtained from studies done in the hospital in Agua Dulce, where both rooming-in and a milk bank were in operation. These results are shown in Table 4.

Colon

The 1980 population of Colon was 167,000 (including the population of San Blas) (Compendio General de Poblacion, Vol. V). About 80-85% of births are delivered by professionals. To increase rates of breastfeeding in Colon, the activities of the project, which began in June 1984, included:

1) Training of health teams in the 12 health centers and the health team in the regional hospital in Colon. Over 450 professionals were trained in this manner.

2) Development of a promotional and education program for each health sector.

3) Establishment of a milk bank in the regional hospital for neonates at high risk.

Table 4. Numbers of 2 oz bottles prepared for newborns in two hospitals in Cocle, Panama

Year	Penonome	Agua Dulce
1984	5855	9960
1985	2956	4355
1986	1750	3694

Reference: National Evaluation Workshop, 1987.

A mass media component of the project helped to reinforce each of these objectives.

The project began with a intersectoral commission, including representatives of education sectors, Ministries of Labor and Health, under the direction of the health sector. Training seminars were held with local health teams and the hospital workers were included. 80% of all births are delivered by the regional hospital. The maternal/infant health team met monthly to coordinate activities. The report from Colon mentions that there was little support from other institutions, such as education, for the program. There was little collaboration of physicians in the project, especially in the hospital.

Rooming-in had been in place in the hospital in Colon since 1977; early mother-infant contact since 1982. After the project, there was a reinforcement of rooming-in, with an increase in the number of women breastfeeding and a shortening in the time between delivery and the first breastfeeding. Because of the milk bank, premature infants were given breastmilk rather than formula.

Two studies were conducted in Colon in 1986 to assess breastfeeding practices: 1) of 152 postpartum women in the regional hospital; and 2) of mothers of children 0-5 years residing in the area served by one health center (Patricia Duncan). The purpose of the study was to learn about mothers attitudes and beliefs about breastfeeding and to provide information to be used in educational programs.

Twenty families were selected from a random listing of households from the 1980 census, based on the age of the youngest child. Of the 20 mothers interviewed using ethnographic techniques, 14 had children under the age of 2 years in June 1986. All had delivered at the hospital, and had begun breastfeeding as soon as their infants were given to them. In two cases, the infants had to remain in the hospital after the mothers were released. Both mothers returned daily to the milk bank to express milk for their infants. All mothers felt that breastfeeding was best for their infants. However, most (80%) introduced other foods to their infants at an early age (2 months).

In June/July 1986, 152 women with newborn infants were interviewed in the hospital. 69% of the women knew of the existence of the milk bank, and 76% said they would be willing to donate breastmilk to the bank. 91% of the mothers said that breastfeeding should begin as soon as the infant is born. 4% said

that breastfeeding should start 2-3 days after birth. 5% said they did not know when breastfeeding should be initiated.

Chiriqui

The 1980 population of Chiriqui was 287,000 with 36% urban (Encuesta Nacional de Salud Maternal Infantil y Planificacion Familiar, 1986). Between 30-90% of all births in this region are delivered by professionals. Activities began in Chiriqui in April 1984. An intersectoral commission was formed with members of Ministries of Education, Labor, University of Panama, Health, and Agriculture. At the end of 1986, the commission was suspended and the project was solely under the guidance of the child survival project within the Ministry of Health.

In 1984, the area of Baru, a survey was conducted that examined breastfeeding practices (National Evaluation Workshop, 1987). By one month of age, 33% of infants were receiving supplements to breastmilk, and by 3 months, 66% were receiving supplements. The proportion of women breastfeeding declined from 67% at 6 months to 40% at one year.

A study was conducted prior to the project in the Hospital del Niño in David on perinatal practices and written up in June 1984. (Drs. Manuel Escala, Maria Luisa Garcia de Aybar, Edgardo Matos, and Tristan de Espino). The results indicated that:

- Infants were separated during the periods of transition and puerperio (not stated for how long).

- Mothers were separated from infants for more than 48 hours after a C-section.

- Babies were given bottles of formula during the period of observation and during intensive care.

- Newborns with pathological conditions were located in an area very far from the delivery and recovery rooms.

- Insufficient educational activities about lactation or newborn care were given to mothers.

Based on these results, recommendations were to:

- Organize an area contiguous to the delivery rooms for the observation period during the immediate postpartum and transition periods

- Have rooming in for C-sections as soon as the mothers is alert and desires to be near her newborn

- Facilitate breastfeeding among premature newborns and those in intensive care.

- Reorganize the newborn nurseries to include intensive care, medium care, minimal care and isolated wards with those of infective cases so all are together in one area (formerly the newborn normal nursery).

The lack of rooming-in was seen as one of the major obstacles to breastfeeding promotion at the beginning of the project. Rooming-in was established in 1985 for 90% of births in one hospital (Jose Domingo de Obaldia) and 80% in Hospital Dionision Arrocha. With the increase in rooming-in, infants were brought to their mothers within 1-2 hours after delivery, instead of being kept separate from them until discharge, as had been the previous practice. Breastfeeding education is given to mothers whereas previously they received no information.

Records from the Department of Nutrition in one hospital reported substantial decreases in the number of bottles prepared, which corresponded with the increase in rooming in and establishment of the milk bank (Table 5).

Pre-and post-tests were conducted during the first 4 seminars held in 1984 in which 129 professionals were trained. The results of the tests showed substantial improvement in knowledge of breastfeeding, from 30% to 93%, good knowledge (with no definition of "good") 30% "regular" compared to 7%, and 40% "poor" compared to 0%.

The milk bank in the Hospital Jose Domingo Obaldia was installed in October 1985. Support for the bank also came from the Damas Rosadas, Soroptimistas and Rotary Club. Now premature infants and sick infants receive breastmilk from the bank.

Bocas de Toro

The population of this region in 1980 was 53,000, with 37% urban (Encuesta Nacional de Salud Maternal Infantil y Planificacion Familiar, 1986). Between 25%-75% of all births are delivered by professionals.

The Intersectoral commission in Bocas de Toro included representatives of health, education, and labor, and well as private groups from the Catholic Church. While rooming-in had been the norm in the hospitals in Bocas de Toro since 1982, current norms are such that when the birth is normal, the infant immediately is put to the breast. Rooming-in is initiated as soon as the mother goes to the postpartum ward. After a caesarian birth, rooming in begins at 12-24 hours. Previously caesarian infants were not brought to their mothers until after 48 hours.

Table 5. Number of bottles of formula prepared in Hospital Jose Domingo de Obaldia, David Chiriqui

Year	0-4 oz.	5-8 oz.
1984	8087	4613
1985	6842	608
1986	4961	41

Source: Hospital Case Studies, 1987.

Veraguas

The population of this region in 1980 was 173,000, with 15% urban (Encuesta Nacional de Salud Maternal Infantil y Planificacion Familiar, 1986). Between 30% to 60% of births are delivered by professionals. The program began in August 1984 when a commission was established including health, education and agriculture sectors. In May 1985, the milk bank was established in the Hospital Regional Santiago. Studies of women leaving the hospital showed that all those with live births were breastfeeding. Since June 1986, no formula was prepared in the pediatric ward. Before the milk bank was established, 184 formulas were prepared monthly in the delivery wards; afterwards, 32 formulas were prepared on average. But since June 1986, none. This gradually has led to a decrease in the cost of the milk/dietetic department. Table 6 gives the number of pounds of formula purchased and the number of baby bottles bought since 1982, illustrating the large decline due to the changes in breastfeeding. Laboratory tests of milk bank showed that no microorganisms were found in the stored breastmilk. In 95% of the pumps, no bacterial contamination was found.

Infants born by C-section are given dextrose solutions to test for tolerance. Within 3 hours of birth, they are given to their mothers to be breastfed. The use of oxytocin was discontinued after 1984. Caesarian born infants are brought to their mothers within 2 hours of delivery.

San Blas

The health region of San Blas consists of 365 islands, 49 that are permanently inhabited. Studies conducted in 1972 to 1976 showed that lactation was universal, usually extending for 2-3 years. Little change seems to have occurred in breastfeeding practices since then.

Four seminars were held for health professionals, within each of the health regions in San Blas. Talks were given to pregnant women, patients attending clinics and students. Changes brought about by the project were considered to include a decrease in the use of oxytocin, earlier initiation of breastfeeding, and regular promotion of breastfeeding in the prenatal visits, during the postpartum period, and during well child visits.

Azuero (Herrera and Los Santos)

The population of this region in 1980 was 82,000, with 40% urban (Encuesta Nacional de Salud Maternal Infantil y Planificacion Familiar, 1986). 35% of all births were reported to be delivered by professional . Prior to 1984, in the Hospital Cecilio Costillero, newborns were sent to neonatal units, left to fast

Table 6. Formula Used for newborns and Bottles purchased by the Hospital Regional Santiago, Veraguas

Year	Formula Used (lbs.)	Bottles Purchased
1982	134	3339
1983	132	3299
1984	39	965
1985	18	440
1986	0	0
1987	0	0

Source: Hospital Case Studies, 1987.

for 6 hours, and received two doses of dextrose at 3 and 6 hours. Currently rooming-in exists (since 1984). No formula, water or dextrose is given. Breastfeeding is initiated immediately post-partum. Talks are given to mothers on breastfeeding practices. A milk bank also exists, which provides milk for premature infants. Vaginal birth babies are not separated from mothers at all, however caesareans are separated for 24 hours.

Darien

Darien is a small rural region of 27,000 people. No regional commission was established; however, several training courses were given. Changes brought about by the project include an increase in information given to mothers on breastfeeding, and the elimination of oxytocin. Rooming-in appeared to have existed prior to the project, but may have been strengthened.

Panama Este

In this region, both the sectors of health and education participated in the program to promote breastfeeding. Rooming-in was initiated in the Hospital de Chepo in January 1985. Use of oxytocin was discontinued in 1986. No formula, water or dextrose now is given to newborns. Vaginal birth babies are not separated from their mothers and C-section birth babies are only separated for 4 hours. Mothers receive pamphlets on breastfeeding, as well as house visits after release from the hospital.

From studies conducted among health professionals, improvements in practices were noted. Of 10 nurses and 30 physicians asked in 1984 whether they recommended breastfeeding, 35% of nurses and 30% of doctors did, compared to 90% and 85% respectively in 1986. In 1984, of 450 postpartum mothers in the hospital, only 10% responded that they were given advice about how to feed their infants, while in 1986, of 606 women asked, 95% received advice. This high rate is due to the fact that the hospital began giving daily talks on breastfeeding in 1985. Based on studies of women attending well child clinics, the median duration of breastfeeding increased from 1 1/2 months in 1984 to 5 months in 1986 (National Evaluation Workshop, 1987).

Training given to the public was primarily through informal talks <u>charlas</u> at the health center and in the outpatient department of the Chepo hospital.

Panama Oeste

Hospital Nicolas Solano was the facility included in the case study. Rooming-in was created in 1984. The use of oxytocin was suspended in 1985. Previously there was a 4-hour separation of mother and child; subsequently they are not separated. Formula

is not given, however newborns continue to receive dextrose. As with Panama Este, no breastmilk bank exists as premature infants are expected to be transferred to Panama City.

Metropolitan Panama City

Because the studies of activities in Panama City have not yet been analyzed, no data are available to report on activities within Panama City, except for those delineated under the activities of the Social Security Hospitals reported on below. The major hospital in Panama, Hospital de Niño, served as a model hospital for the program as it had an established milk bank and rooming-in, as described under the Milk Bank section below.

Training Activities of other Groups

Aside from the regions, other groups also ran training and promotional activities. These included special projects organized by the Social Security Commission, the University of Panama, and the Ministry of Labor and Social Welfare.

Social Security Commission

Within each of the regions, except for Panama City, the Social Security health system is merged with the Ministry of Health. Services are provided at the same clinics and hospitals. However, in Panama City, the Social Security Commission (CSS) operates separate polyclinics and also runs the Metropolitan Hospital Complex that serves workers and their families enrolled in the Social Security System.

The Social Security System conducted 12 seminars between 1984 and 1986, which trained 408 health personnel. Patients attending the polyclinics and the hospital (obstetric and postpartum wards) were given classes in breastfeeding. In addition, breastfeeding was the main topic at classes that were held in schools, and among labor union and factory workers. A milk bank was established in June 1985 in the Panama Metropolitan Hospital.

Several studies were conducted by the CSS on members of the population they serve to assess breastfeeding knowledge and practices among pregnant women, postpartum women, and mothers of children attending well child clinics. These studies were conducted in 1985 and 1986.

999 pregnant women from 6 polyclinics were interviewed. 73% of the pregnant women surveyed had received some explanation about breastfeeding during their prenatal visits. Nearly 50% of the time, nurses had discussed lactation with them; only 10% of the time had physicians discussed it with them. 99% of the pregnant women interviewed planned to breastfeed, with no differences seen between working and nonworking women.

The case study of the CSS hospital found surprising results. Many hospital practices remain uncorrected. Although rooming-in exists, mother and child are not reunited until 4-6 hours postpartum. While there appeared to have been an increase in breastfeeding, formula is still given to infants delivered by Caesarean section. Dextrose is also given, and babies are not reunited with their mothers until 12-24 hours post partum.

University of Panama

The University of Panama, Faculty of Nursing began its breastfeeding activities for the Panama Breastfeeding Promotion Project in November 1984. Members of the faculty worked on the intersectoral commission, and coordinated and participated in seminars.

In addition, three studies were conducted by the university, two of which were used for theses: 1) Effects of breastfeeding on growth and development of breastfed children in the area of Juan Diaz; 2) Factors influencing breastfeeding among a group of primiparas in Panama; 3) The milk bank: a strategy for feeding infants.

Ministry of Labor and Social Welfare

The Ministry of Labor and Social Welfare also conducted training programs for its workers and for the public. A total of 77 staff of DINFFA (Direccion Nacional del Niño y la Familia) and COIF teachers (Centros de Orientacion Infantil) were trained and 411 others were trained, including groups of women workers and parents of children in COIF.

Case Studies of Regional Activities

Within each region, 1-3 hospitals or health centers where deliveries occurred were included in the case studies. Information obtained through the 21 case studies were entered into DBASE III+ and analyzed in SPSS-PC. When there were missing data, results are reported only for those cases with information.

Training and information

70% of the sites reported that they had at least one staff member who had been a member of the regional breastfeeding commission. 75% had at least one staff member that had attended the national seminar.

The major sources of information on breastfeeding came from INCAP, 71% reported receiving information from INCAP, 62% reported receiving Madres y Niños (Mothers and Children from

APHA), and 48% received the journal Prolacma, published as part of the national program.

Over half of the sites reported that pamphlets were given out to mothers (57%). These came primarily from the Ministry of Health or the hospital staff. In 20 of the 21 sites, breastfeeding posters or murals were seen on the walls of the hospitals. A common problem mentioned by all regions was the lack of printed material to use in talks and for promotion. To address this problem, generally each institution produced materials for promoting breastfeeding, including pamphlets, brochures, flyers, posters, flipcharts, and even slide shows.

Only 15% of the hospitals reported having had at least one obstetrician trained as part of the program, while 30% reported having at least one pediatrician trained, and 40% reported having had at least one general practitioner on staff who received training.

Nearly all regions reported difficulty in getting physicians to participate in the training programs. Many also reported difficulty in obtaining cooperation from other sectors, such as education or agriculture.

Changes in hospital practices

80% of the cases reported changes in hospital practices related to breastfeeding since 1984. These changes included increased rates of rooming-in and an increase in breastfeeding by the staff and mothers. Problems mentioned in making changes included lack of staff and administrative support, maternal attitudes and beliefs, and problems in making changes for Caesarian births. The major motivations given for making changes included an increased understanding of the benefits of breastfeeding (53% reported this to be one reason given), enforcement of norms and supervision (30%), and training received (23%).

90% of the sites reported that rooming-in existed, with two sites not providing any information on it. 25% reported having to make structural changes in the building to facilitate rooming-in. This principally included making enlargements in to postpartum area or removal of cribs. 20% of the sites previously did not have rooming-in, but now do; and another 20% had earlier rooming-in or an increased number of cases with rooming-in. The major change appeared to be that previously in many hospitals, even with those with rooming-in, infants were sent to the neonatal ward and kept there for some time before they were kept with the mothers. After the project, infants were less likely to be separated from the mothers in the early postpartum period. Breastfeeding education also was more likely to be given in the delivery room than previously.

Support for changes by hospital chiefs of staff were found to vary. About 75% of the hospital directors and administrators were supportive, with 25% neutral, while the heads of obstetrics were more likely to be neutral (23%) or negative (23%) than supportive (53%). The head of pediatrics was most likely to be supportive (83%).

Water was reported to never be given in 50% of the sites, and to be commonly given in 25% of sites. In the other 25%, water was given based on doctors' orders. Formula was reported to never be given in 70% of cases, with it given only to C-section infants 15% of the time, and 15% of infants sometimes receiving formula. As a means of verifying the results reported in the case studies, the interviewers observed practices in the wards. In 30% of the sites, newborns were seen with bottles of water, and only in 1 site was an infant seen with a milk bottle.

Breastfeeding and type of birth

Data were provided on the duration of time between delivery and first breastfeeding. As shown in Table 7, the trend was for vaginal births to be breastfed much earlier than those born by Caesarian section.

Infants born by vaginal delivery also were separated from mothers for short periods for their physical exam. 50% were not separated, with the exam done with the infant at the mothers side, and 30% were separated for less than 30 minutes. Only 25% of mothers with C-sections were not separated for the exam and most were separated for 4 or more hours, probably with the infant under observation.

Seventy percent of mothers with vaginal births were released within 24 hours, with the other 30% released within two days. 75% of C-section mothers were released at 3-4 days, 8% at 4-5 days, and 17% at 6-8 days.

In 95% of the sites, premature and sick infants received breastmilk, either from a milk bank or from the mother directly. Most sites did not use oxytocin, however 33% (6 hospitals) reported still using them. Three hospitals had never used oxytocin, and one had stopped using them in 1981. All the other 8 hospitals had stopped since 1984.

Impact on Breastfeeding

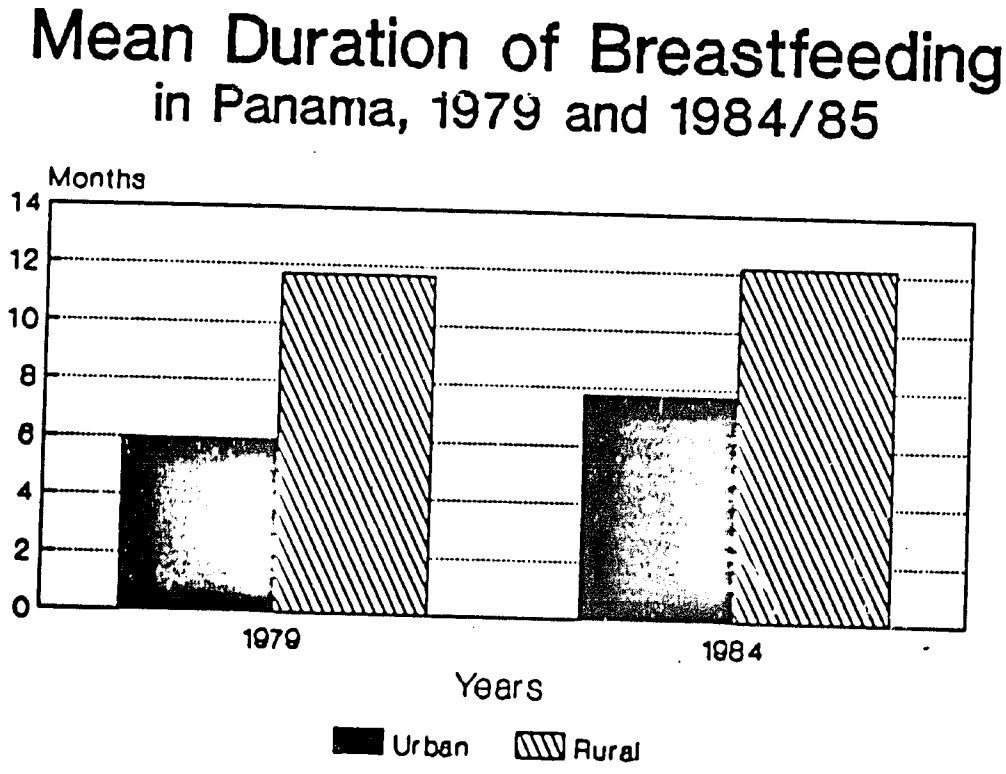
Nationwide data comparing the 1979 and 1984-85 national surveys suggest that there may have been an increase in the mean duration of breastfeeding, from 9.5 mon hs to 10.1 months (Figure 3). These trends were evident in both urban and rural areas. However, because the data in 1984-85 were collected during the

Table 7. Time between Delivery and First Breastfeed by Type of Delivery

Time	Vaginal Delivery %	Vaginal Delivery N	C-Section Delivery %	C-Section Delivery N
Immediately to 15 minutes	65%	13	-	-
15 to 30 minutes	15%	3	8%	1
31-60 minutes	5%	1	-	-
1-3 hours	10%	2	8%	1
4-6 hours	5%	1	23%	3
12 hours	-		23%	3
24 hours+	-		38%	5

Source: Hospital Case studies, 1987.

Figure 3



Reference: CDC, 1986

project, and not at its completion, it is difficult to state whether or not these changes were related to the project.

The information obtained through the final evaluations presented by staff of each region and through the case studies illustrates the effect that the regional approach had on the breastfeeding promotion program. In most cases, several members of the regional commission were hospital staff, and were quite involved in the regional activities. Most had received training at one of the regional or national seminars. While the regional focus was a unique aspect of this project, another important change brought about by the program was the enforcement of norms on breastfeeding. While previously these norms had been in place (such as rooming-in and limited use of bottles), the program helped ensure that the supervisory staff checked whether the norms were being followed and strongly encouraged their enforcement when found to be lacking.

Milk Banks

A system of 6 milk banks, two in large metropolitan areas (Panama City and Colon) and 4 in smaller semi-urban areas have been established throughout the country as pilot centers. The Milk Bank Secretariat of the National Commission seems to have been one of the most active sectors of the Commission. The first milk bank was established in the Hospital del Niño in Panama City in 1983 because of the high costs of preparing formula for use in the hospital. This milk bank has served as a model for the other milk banks started by this project. This hospital is affiliated with the Santo Tomas Hospital, a general hospital with a maternity unit, which delivers 20% of all births in Panama (about 12,000 annually). Premature and sick infants are kept across the street in the Hospital del Niño, but well infants stay with their mothers in Santo Tomas. This hospital is supported by MOH, CSS, as well as private funds.

The milk bank in the Hospital del Niño serves as a resource for the milk bank segments of the project. The chief of nutrition in this hospital was responsible for the milk bank, and she also served on the National Commission. This hospital receives no funds from the project. This hospital has published data on use of infant formula that shows substantial savings, probably due to both changes in hospital practices and the milk bank (Table 8).

In October/November, 1983 the Secretariat went to see the Hospital del Niño in Costa Rica to learn how their milk bank functioned. There are 11 MOH/CSS hospitals in Panama. Milk banks were established in 6 out of the 11 through this project. Table 9 gives the regions which initiated milk banks. In Panama Este and Oeste, which are close to Panama City, milk banks were not established because most premature infants are sent to Panama City. In San Blas, a Centro de Salud serves as the hospital, and

Table 8. Number of Bottles of Infant Formula Prepared at Hospital Santo Tomas, Panama City, 1980 - 1985.

YEAR	BOTTLES USED IN NEWBORN NURSERY	COST (US$.20 X # BOTTLES)
1980	116,669	$23,333.80
1981	120,426	24,085.20
1982	113,503	22,700.60
1983	93,023	18,604.60
1984	75,519	15,103.80
1985	49,384	9,876,80

Milk bank initiated in Nov. 1983

NOTES:
A. Cost to make formula = US$.20/2 ounces milk.
B. Breakage of bottles/year = 14%.

Reference: Boletin Estadistico, 1985.

Table 9. Milk Banks in Panama Established through the Project

NAME OF HOSPITAL	CITY	REGION
Hospital Metropolitano	Panama City	Panama
Manuel Amadcr Guerrero	Colon	Colon
Marco Robles	Aguadulce	Cocle
Cecilio Castillero	Chitre	Azuero
Provincial	Santiago	Veraguas
Jose Domingo de Obaldia	David	Chiriqui

the indigenous population breastfeeds universally. The hospital in Boca de Toro is now trying to obtain help to start a milk bank.

Each hospital received a refrigerator, two pumps, office equipment, baby bottles, adaptor kits for the milk pump, timers, and gowns for women to use. In some cases, funds were provided for installation of electrical outlets, modification of space, and other structural changes required by the bank.

The selection of which hospitals to set up milk banks was based on the number of births in the hospital, the number of premature births kept there, and acceptability by hospital personnel.

A report of the milk bank at the Hospital de Santiago (Veraguas) illustrates that there was a reduction in the number of newborns with diarrhea and NEC and a reduction in the number of formulas prepared in the milk lab (Villareal, 1986). The majority of the banked milk was used for premature infants.

Information from the case studies can be used to assess the impact of the milk banks. Of the six hospitals with milk banks, in only one can mothers stay with their infants. However in 5 of the 6, they return to breastfeed their premature or ill infants. The percent of milk bank milk that goes to premature infants, ill infants and infants of ill mothers is shown in Table 10.

When asked what proportion of the feeds to infants using the milk bank were breastmilk, only one site reported that infants received 100% of their feeds this way. For the other three sites that gave quantitative information, one reported that they received 75% from breastmilk, one reported 60%, and the other reported 50% with the rest of the milk from infant formula.

In 5 of the 6 sites, hospital staff reported using the electric pump or milk from the bank for their own infants. Four sites had a mobile pump that could be used in the wards. Only two sites reported lending manual pumps to women who worked or teaching them how to express milk.

Working Women's Component

Over 34% of women in Panama are employed. 20% of heads of households in Panama are women, and the prevalence of malnutrition is higher among these households. The project was therefore very interested in addressing the concerns of working women in relation to lactation.

Prior to this project, legislation had been passed that would support breastfeeding by working women. In the Codigo Laboral o de Trabajo there are articles that refer to the social protection of women during pregnancy and lactation:

Table 10. Distribution of Milk Bank Milk reported in Hospital Case studies

Type Infant	% of Milk Premature Infants	% of Milk Sick Infants	% of Milk Sick Mothers
CSS/Panama City	80%	20%	-
Agua Dulce/Cocle	100%	-	-
Obaldia, David	90%*	10%	-
Guerrero, Colon	90%*	10%	-
Santiago, Veraguas	61%	11%	28%
Costillero, Azuero	90%	10%	-

* Both sites misinterpreted the question and reported that 100% of premature infants and 100% of sick infants received breastmilk. Based on data provided on frequency of illness, we estimated the proportion as shown.

Article 106: Pregnant women can be excused from employment for a justifiable cause.

Article 107: All pregnant women can take leave from work for 6 weeks prior to birth and 8 weeks following the birth.

Article 114: All mothers when they are breastfeeding can be excused from work for 15 minutes every 3 hours, or if preferred for a half hour two times per day during their work, with the objective of feeding their infants. The employer shall procure a rest place at the work site and maintain sufficient number of chairs or seats for the female workers. Workers shall be paid for any of this time taken as mentioned above.

All employers with more than 20 women are obligated to provide a place for women to feed their infants.

Article 115: The executive branch and the Social Security Commission within one year after the passage of this code, will establish day care centers in industrial sectors and commercial centers where there exist a concentration of female workers. In such centers mothers can leave their children until school age and receive medical, nutritional and recreational necessities.

As illustrated below these laws are not enforced.

Difficulties occurred with developing the working women component as a part of DINNFA, within the Ministry of Labor and Social Justice, as the project had initially planned. Most work was therefore conducted thorough DRU (Departmento de Relaciones con el Usario) a division within the Social Security Commission. DRU maintains ties with groups of labor organizations.

The nutritionist responsible for the working mothers aspect of the project in DRU was quite enthusiastic and concerned with the project. She had two assistants that worked with union leaders (dirigentes sindicatos).

The goals of this component were primarily to:

1. learn about working mothers knowledge and attitudes about breastfeeding; and

2. educate and inform mothers of benefits of lactation.

A training seminar was held for 21 women directors of 4 major labor unions (centrales obreras CNTP, CTRP, CATI, CITI), 2 independent Federations, and representatives of the Brigade Celeste (who are responsible for street cleaning in Panama City.) This seminar lasted 5 days, and discussed basic aspects of lactation and legal aspects, and resulted in a plan of action for the working mother component of the project (DRU, April 1986).

Using the women trained in the first stage, 90 working groups of about 10 persons (1,033 women) each were set up in the various factories. During a four-month period, visits were made to each of the working groups to distribute information and hold discussions with the union members. Following these motivational meetings, focus groups were held with the working groups in which lactation practices, biases about breastfeeding, and problems with breastfeeding were assessed. Table 11 presents the labor unions that participated in the workshops. Questionnaires were administered to the women (n=550) in these workshops. At times, different women from the same unions participated in the two sets of meetings. The questionnaire used is given in Appendix 5.

Of 826 women interviewed in the survey of working women, 30% did hand work, and 29% operated an industrial machine. The next highest category was telephone operators at 6%. Only 38% were not married or living in union, 97% of workers with living children had breastfed at least one of their children. 69% had breastfed for 3 months or fewer. Over half got information on breastfeeding from their mothers and only 14% from a physician. 31% reported that they stopped breastfeeding because they had to return to work. 40% of breastfeeding working mothers had practiced expression of milk at some time, but only 15% did so to leave it for the baby; 54% did so to alleviate pain in the breast.

The focus group sessions generally lasted 2-8 hours, depending on the size of the group. After administration of the questionnaires, the groups were divided into working groups, and problems with breastfeeding and possible solutions were discussed. The first focus group was held with 240 women in the Brigade Celestes. Results obtained from 20 working groups found that major problems with breastfeeding existed because none had creches at their work sites (100%); it is difficult for working women to breastfeed (70%); little information was available on the importance of breastfeeding (70%); there were no facilities for pumping at work (70%). Solutions suggested to solve such problems included the establishment of creches at the worksite

Table 11. Groups participating in Working Women Workshops

Group	Number of Participants in Motivation Meetings	Number of Participants in Focus Groups
Central de Trabajadores de la Rep. de Panama	160	82
Central Istmeña de Trabajadores	106	106
FEGETRAP	52	12
Fed. Istemena de Trabadores	308	43
Central Nacional de Trabajadores	157	67
Brigadas Celestes	250	240
Total	1033	550

Reference: DRU, April 1986

(100%); provision of a site for pumping (65%); and the decision to pump and give the milk to the infant (55%) (Quarterly Report, September-December, 1985).

This component appeared to affect the workers of DRU itself. One of the social workers recently had breastfed her infant for 2 months, but due to returning to work and the difficulties in maintaining her milk supply, had to stop. She had continued pumping using the milk bank at the Hospital del Niño for a while, and then would feed the infant from a bottle, since he refused the breast. This case study illustrates some of the difficulties that working women were likely to encounter, and the lack of information by the staff of DRU on how to help such women.

The only documented case of a change that a business made due to the program was the purchase by GAGO (a supermarket chain) of a refrigerator for storage of pumped milk. However this was only available while the GAGO social worker was working at that site. Once she was transferred, it was no longer available for use by breastfeeding women.

What is definitely lacking is an understanding of how to help mothers maintain lactation after they return to work. One of the workers at DRU had to stop breastfeeding at 2 1/2 months because the child refused the breast, preferring the bottle. This woman continued breastfeeding by pumping milk and giving it to the baby in a bottle. This case illustrates the technical problems that need to be addressed. Certainly if one of the workers that trains the union leaders is unable to successfully breastfeed, she will not be in a good position to help other working women.

When discussions were brought up with the unions on what could be done to improve their working conditions, many reported that it was a "dream" to assume they would even get nursing breaks or creches. Even within the Social Security Commission, although legally required, there is only one creche, and that is for staff of the CSS Hospital. The union also felt other issues, principally salary levels, were more important to pursue.

While the Commission was interdisciplinary, the members were not senior enough to have political power needed to cause laws to be enforced. As stated by one commission member, as long as the activities are principally educational, they are seen as harmless. Trying to get support for enforcement of laws would be substantially more controversial and difficult to obtain.

PROLACMA

In the design of the program, one of the factors that was seen to interfere with natural breastfeeding and appropriate infant feeding was the lack of scientific and technical information. The local La Leche League affiliate, PROLACMA developed the

information center for the project to address this problem. The center was located at the regional office of the Ministry of Health in Panama City. The center had catalogued over 300 documents. They also edited newsletter "LACMA" and have distributed over 3,000 information pamphlets. They also conducted training sessions for breastfeeding mothers and answered telephone calls from mothers needing help in breastfeeding. The also lent slides, filmstrips, movies and cassettes that could be used for training.

Only two copies of LACMA had been produced by the center during the project. While the center was to support other components of the project, due to personality differences, there seemed to be little communication between the center and the other project components. The distribution system did not appear to work well, and thus when information was available at the Center, often the regions were unaware of it.

Mass Media Component

The mass media component of the project was delayed due to contractual problems in bidding the job. The mass media campaign did not start until late into 1986, 2 years after the project had been on-going. Given that most mothers in Panama were initiating breastfeeding, the focus of the campaign seemed inappropriate (O'Gara, 1986, trip report). The campaign was not coordinated with the other activities, and thus stood alone and specifically helped support messages on education or training. The campaign included both radio and television spots. No data are available to asses the level of coverage of the campaign.

The mass media campaigns conducted by several of the regions were more successful. In Chiriqui, Cocle, Colon and Veraguas, local radio campaigns were undertaken. These campaigns were integrated with the other regional activities, including the milk banks, and helped to support their operations (O'Gara, 1986, trip report).

The Ministry of Health produced educational materials, stickers, and flip charts in which a program logo was used. These materials were distributed to the regions.

Financing of the Project

The total expenditures for this 4-year project were $720,000. As shown in Table 12, the major costs were for the regional training activities. While an ex-patriot advisor from INCAP was hired full time for three years of the project, because he played a major role in the development of all child survival activities in Panama, the cost of his salary support (about $35-40,000 per year over three years) perhaps should be excluded in estimates of the actual costs of replicating a program such as this. Additionally, much time was spent in the preparation of detailed

implementation plans for AID and plans for the evaluation of the project, that would not need to be included in all projects.

Cost Savings

Some data on cost savings in hospitals are available based on reductions in the formula and bottles for newborns. While the principal hospital (with over 12,000 births annually) in Panama City had started a milk bank prior to the project, data from this hospital are illustrative of cost savings in a major metropolitan center. The average expenditures for 2 oz. bottles provided to infants in the Hospital del Niño, in 1980-1981 is estimated at $23,710 compared to $12,490 in 1984-1985, a savings of over $11,000.

Data from two small regional hospitals in Cocle with less than 1000 births each per year show a similar trend, though of a much smaller magnitude because of the lower number of births. Comparing the data from two hospitals in Cocle, an estimate for cost savings before and after the project, was between $800-1250 per year per hospital.

Conclusion

This project differs from many other national breastfeeding promotion campaigns in that its focus was regional. Each region submitted proposed plans for activities and were funded to conduct their own selected programs. Another difference in this project was the focus on support of milk banks in 6 out of the 11 Ministry of Health hospitals. These milk banks were associated with reductions in the use of formula and significant cost savings to hospitals.

Training was a major component of the project, both through national and regional seminars and through local staff training conducted by members of the regional commissions. Over 4000 health professionals were trained and nearly 50,000 of the public received information directly on breastfeeding while others were reached through local mass media campaigns.

The impact of this project appeared to be substantial in terms of increasing the knowledge of benefits of breastfeeding and in changing hospital practices. Training in combination with the enforcement of national norms on hospital practices related to breastfeeding, led to many important changes in breastfeeding practices in the hospital. Increased rates of rooming-in were noted as well as a shortened duration between delivery and the first breastfeed.

Some differences remain in hospital practices. In some areas, infants still receive dextrose water while in others no supplements are allowed. In some sites, mothers with Caesarian deliveries are allowed to breastfeed within a short time following delivery, and in others they are separated from their infants for more than 24 hours.

The working women's component of this project is one of the first to examine the problems working women face in breastfeeding. The findings point to the need to train health professionals and educate the public on methods of maintaining breastmilk output when mothers are separated from their infants due to employment. There is also a need to assess whether the enforcement of prevailing laws on nursing breaks and creches at the worksite will enable increased rates of breastfeeding among working women.

In spite of the relatively low cost of the this project of only $240,000 per year, its impact is quite impressive. The project was quite successful in improving hospital practices with associated benefits for breastfeeding rates among women.

Table 12. Financing of the Panama Breastfeeding Promotion Project

Component	Expenditures US $
Training	205,998
Mass Media	110,969
Milk Banks	47,316
Information Center	45,953
Working Mothers	17,593
Evaluation*	42,000
Management*	166,670
Overhead	82,745
TOTAL:	$719,245

Source: US AID Mission, Honduras. 1989.

* Expenditures were reported by the AID mission for management and evaluation combined and were $208,670. Based on the proposal, $42,000 out of a budget of $232,000 for management and evaluation was allocated for evaluation costs. This does not include any of the INCAP project manager's salary, but includes survey costs. We subtracted the $42,000 from the total reported for management and evaluation.

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Appendix 1

Questionnaire for Hospital Case Studies

ESTUDIOS DE CASOS

1. Visitas con ; :onas de la región que están actualmente como Jefes del Programa Lactancia.

A.- PREGUNTAS GEN ILES:

EQUIPO REGIO' DEL PROYECTO:

1. Identif: las personas que realmente han desarrollado más activic de Promoción de Lactancia Materna en la región.

	PROFESION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Factores que motivaron el interés para desarrollar estas acciones? _____

_____

3. De estas personas, ¿Cuántas son miembros de la Comisión Regional? # _____

% _____

4. De estas personas, ¿Cuántas asistieron al Seminario Nacional?

_____

% _____

5. ¿Cuántas son mujeres? # _____

% _____

6. ¿Cuántas amamantaron antes de enero de 1984 o han tenido esposas que amamantaron antes de esa fecha?

_____

% _____

B. FUENTES DE INFORMACION

1. ¿De dónde recibe información sobre la lactancia?
   Información técnica _____
   (De bancos de leche,
   de manejo de lactancia,
   de problemas de lactancia).

   Ideas sobre materiales educativos.
   (Ejemplos de folletos,
   Asistencia para preparar cosas)

2. ¿Recibió revistas INCAP -ASI
   Revistas "Madres y Niños"
   Revistas de Prolacma?

C. PRACTICAS DEL HOSPITAL (una para cada hospital)

Visitas al hospital de la región - cuartos de recién nacidos, cuartos de parto y nacimiento.

- Si hay banco de leche, ir al banco.

1. Número y % de personal hospitalario que recibió capacitación de Lactancia Materna a partir de Enero de 1984.

	G/Obstetras	Pediatras	Médicos Generales
# Total			
# Recibió Capacitación			

2. ¿Cómo son las prácticas en el manejo de lactancia?

   a) Observe como:

      1. Ayudan correctamente a la madre a ponerse el niño al pecho.
         (No tocar la cara del niño sino poner la cara al lado del pecho).
      2. Colocan todo el pezón en la boca del niño.
      3. Hablan con franqueza de que todas las mujeres pueden amamantar.

ios en las prácticas de la Lactancia Materna después
SI ☐ NO ☐

los? _____

ad? _____

motivó? _____

lento conjunto? _____ SI ☐ NO ☐

ambio en la estructura física para favorecer la Lactancia
na? SI ☐ NO ☐

tipo de cambios? _____

cultad? _____

o cambio en los procedimientos de alojamiento conjunto:
☐ NO ☐

é tipos de cambios? _____

ificultad? _____

Describa la organización para la atención del Recién Nacido

ANTES	AHORA
Cuándo (Fecha) Describir	Cuándo (Fecha) Describir

5. En General estaban apoyando los cambios:

	Apoyo	Neutral	Neg.
a. Director Médico			
b. El administrador del Hospital			
c. El Jefe de Obstetricia			
d. El Jefe de Pediatría			

6. Al realizar la visita ¿Cuántas mujeres puérperas estan hospitalizadas por: Parto Vaginal_____ por Cesárea_____

   a. ¿Cuántas de ellas tienen a sus recién nacidos en su cama o en la cuna al lado de la cama?_____ _____

   b. ¿Cuántas están amamantando?_____ _____

   c. ¿Cuántas de ellas también tienen biberones? _____ _____

   ¿De leche?_____ ¿De agua?_____

7. Le dan agua o D/A a los Recién Nacidos?_____ _____

   A las cuántas horas? _____ _____

   Durante cuánto tiempo?_____ _____

   Le dan Fórmula Materna a los Recién Nacidos?

   A las cuántas horas?_____ _____

   Durante cuánto tiempo?_____ _____

POR HOSPITAL

	Tipo de Parto	
	Vaginal	Cesárea
Cuánto tiempo después del parto recibe el niño Lactancia Materna? (minutos u hora)		
Después del nacimiento cuánto tiempo se separa al Recién Nacido de la madre (para examen o para observaciones).		
Cuántos días dura la hospitalización de las madres puérperas		

8. Se le da a las madres puérperas algún material?

		Hecho por	
Panfleto	_____		
Folleto	_____	"	"
Muestra de leche	_____	"	"
Biberón	_____	"	"
Otros	_____	"	"

9. Reciben Lactancia Materna los Recién Nacidos prematuros y los Recién Nacidos patológicos? SI [ ] NO [ ]

De qué manera: Banco_____ Directamente de su madre_____

10. ¿Qué lugar existe para lactar a niños prematuros o enfermos?

_____

_____

11. ¿Se usan oxitócicos generalmente después del nacimiento?
SI [ ] NO [ ]

¿Cambió el uso de oxitócicos en algún momento? SI [ ] NO [ ]

Si no se usa, desde cuando no lo usa?_____

12. Qué apoyo reciben las madres después de salir del hospital para continuar la Lactancia Materna (tipo)_____

13. Observe si en las paredes del Hospital hay material de orientación y promoción de Lactancia Materna? SI [ ] NO [ ]

Tipo_____

Dónde_____

D. BANCOS DE LECHE:

1. ¿Qué porcentaje de leche va a

   niños prematuros? % =

   niños enfermos? % =

   Niños de madres enfermas? %

2. ¿Cuál es la prevalencia de alimentación mixta para niños usando el banco de leche?_____

3. ¿Qué cambios tuvieron que hacerse para el banco?
   ¿Edificio/cuartos?_____

4. ¿Los bancos tienen donantes de afuera del hospital?

   _____

5. Las madres de niños prematuros/enfermos;
   ¿Se quedan con ellos? SI ____ NO ____ Explique_____
   ¿Regresan a darle leche? SI____ NO ____ Explique_____
   ¿Usan leche donada? SI____ NO ____ Explique_____

6. ¿El personal del hospital usa la bomba o la leche del banco?

   _____

7. ¿Hay una bomba móvil que se usa en las salas? _____
   ¿Dónde usan las bombas?_____

8. ¿Qué hacen para las mujeres que trabajan?
   ¿Les prestan bombas manuales?_____
   ¿Les enseñan a ordeñarse?_____
   ¿Tienen otros servicios para madres que trabajan?_____
   ¿Qué tipo?_____

9. ¿Cuáles son otros gastos del banco?
   - Electricidad
   - Personal
   - batas de hospital

CANTIDADES RECIBIDAS DE FORMULA INFANTIL USADO PARA PREMATUROS

AÑO	FORMULA (LIBRAS)
1980	
1981	
1982	
1983	
1984	
1985	
1986	
1987	
(enero-junio 30)	

CANTIDADES RECIBIDAS DE FORMULA INFANTIL USADO PARA RECIEN NACIDOS

AÑO	FORMULA (LIBRAS)
1980	
1981	
1982	
1983	
1984	
1985	
1986	
1987	
(enero-junio 30)	

CANTIDADES RECIBIDAS DE MAMADERAS

AÑO
1980
1981
1982
1983
1984
1985
1986
1987
(enero-junio 30)

RECIEN NACIDOS ABANDONADOS

AÑO	NUMERO DE NACIMIENTOS	NUMERO DE RECIEN NACIDOS ABANDONADOS
1980		
1981		
1982		
1983		
1984		
1985		
1986		
1987		
(enero-junio 30)		

MORBILIDAD HOSPITALARIA EN RECIEN NACIDOS

AÑO	CASOS DE DIARREA	CASOS DE ENTEROCOLITIS NECROTIZANTE	TODAS LAS OTRAS ENFERMEDADES INFECTO/CONTAGIOSA
1980			
1981			
1984			
1985			
1986			
1987			
(enero-junio 30)			

MORTALIDAD EN RECIEN NACIDOS

AÑO	CASOS DE DIARREA	CASOS DE ENTEROCOLITIS NECROTIZANTE	DE OTRAS ENFERMEDADES INFECTO/CONTAGIOSA
1980			
1981			
1982			
1983			
1984			
1985			
1986			
1987			
enero-junio 30)			

Appendix 2

KAP Questionnaire for Obstetricians

Formulario A/1 L/2 N/3

IV. CONOCIMIENTOS, ACTITUDES Y PRACTICAS SOBRE LACTANCIA NATURAL

Para Obstetras y Ginecólogos

Favor marcar con una "X" la respuesta que usted considere más indicada.

Para uso de la computadora. Favor no escribir en esta columna.

A. Información General:

1. País:
   - Costa Rica [ ] 1
   - El Salvador [ ] 2
   - Guatemala [ ] 3
   - Honduras [ ] 4
   - Nicaragua [ ] 5
   - Panamá [X] 6
   - República Dominicana [ ] 7

2. Nombre: _____ 1

3. Lugar y fecha en que se llenó el formulario: 2

   _____ de _____ de 19 85.

4. Edad del Médico: _____ años. 3 4 5 6 7 8

5. Sexo:
   - Masculino [ ] 1
   - Femenino [ ] 2 9 10

6. Número de hijos vivos: _____ 11

7. Dirección: _____ 12 13

8. Especialidad: _____

9. Universidad donde estudió la especialidad: _____ 14

10. Tiempo de ejercer: _____ años 15 16

11. Lugar de trabajo actual:
    (En caso que trabaje en más de un lugar, sus respuestas deben relacionarse con el trabajo donde ocupa más del 60% de su tiempo)
    - Clínica Privada [ ] 1
    - Hospital Público [ ] 2
    - Seguro Social [ ] 3
    - Hospital Privado [ ] 4
    - Universidad (Docencia) [ ] 5
    - Otros: [ ] 6

    (Especificar: _____) 17

12. Qué fuentes de información recibe actualmente en relación a lactancia natural?

- Libros de texto de Medicina ☐ 1
- Revistas técnicas ☐ 2
- Compañías farmacéuticas ☐ 3
- Asociaciones profesionales ☐ 4
- Prensa ☐ 5
- Otros ☐ 6

(Especificar: _____

_____)

13. Ha participado o asistido a actividades sobre promoción de lactancia natural durante los últimos cinco años?

- Sí ☐ 1
- No ☐ 2

En caso afirmativo, favor llenar el siguiente cuadro:

Evento	Año en que se realizó	Lugar (Ciudad/País)	Duración (días/meses)	Institución organizadora

Total de Eventos a que ha asistido: _____

14. Han sido amamantados sus hijos:

- Sí ☐ 1
- No ☐ 2
- Algunos de ellos ☐ 3
- No tiene hijos ☐ 4

15. Fue amamantado su último hijo?

- Sí ☐ 1
- No ☐ 2

Durante cuántos meses? _____

18 19 20 21 22 23 24 25 26 27 28 29 30

B. Conocimientos, Actitudes y Prácticas:

1. Se le pregunta rutinariamente a las embarazadas si amamantarán a sus hijos?

   Sí ☐ 1
   No ☐ 2

31

2. Si la respuesta es negativa, tratan de convencerla para que amamante?

   Sí ☐ 1
   No ☐ 2

32

3. Le conversa a las señoras durante el embarazo sobre la importancia de amamantar a su hijo?

   Sí ☐ 1
   No ☐ 2

33

4. Platica con el padre de familia sobre las ventajas de amamantamiento?

   Sí ☐ 1
   No ☐ 2

34

5. Le enseña a las señoras durante el embarazo a prepararse los pezones?

   Sí ☐ 1
   No ☐ 2

35

6. Durante el embarazo, se le da pláticas a las embarazadas?

   Sí ☐ 1
   No ☐ 2

36

   a) Quién imparte estas sesiones educativas?

   _____
   _____

   b) Cuál es el contenido de estas pláticas?

   _____
   _____
   _____
   _____

   c) Qué importancia tiene para usted?

   _____
   _____
   _____

7. Le proporciona folletos y/o le indica dónde adquirirlos para que se enteren sobre las ventajas de la lactancia natural y técnicas de amamantamiento?

Sí ☐ 1
No ☐ 2

37

8. Dentro de las recomendaciones que da a la embarazada con respecto a su alimentación, usted le recomienda?

Que siga comiendo lo mismo ☐ 1
Que aumente su ingesta ☐ 2
Que la alimentación no es importante ☐ 3
Que duplique su ingesta de alimentos ☐ 4
Que le den vitaminas y hierro ☐ 5

38

9. Si una embarazada desea alimentar con fórmulas lácteas a su hijo, usted generalmente:

La motiva para que amamante ☐ 1
No interviene ☐ 2
Le afirma que está haciendo lo correcto ☐ 3
Nunca ha estado en esta situación ☐ 4

39

10. Antes de decidir el tipo de anestesia que se le dará a la madre durante el parto, se averigua si amamantará a su hijo?

Sí ☐ 1
No ☐ 2

40

11. En el hospital o lugar donde usted trabaja, practican el alojamiento conjunto (permanencia del niño en la misma habitación de la madre)?

Sí ☐ 1
No ☐ 2

41

12. En el lugar donde usted trabaja, se pone al recién nacido al seno de la madre?

Inmediatamente ☐ 1
Menos de una hora de nacido ☐ 2
Entre 1-4 horas de nacido ☐ 3
Entre 5-12 horas de nacido ☐ 4
Más de 12 horas ☐ 5
Especificar: _____

42

13. En su institución, se cuenta con un Banco o Lactario de leche materna?

Sí ☐ 1
No ☐ 2

43

14. Le dan las fórmulas lácteas a los recién nacidos?

Sí ☐1
Cuando la madre lo solicita ☐2

15. Con qué frecuencia se debe amamantar al niño?

Horario fijo ☐1
A libre demanda ☐2

16. Generalmente cuando a la madre se le hace cesárea, a las cuántas horas de operada se le lleva el recién nacido?

____ horas

17. Se permite a personas que distribuyen fórmulas lácteas entregar material educativo y muestras gratis de leche a las embarazadas y recién parturientas atendidas?

Sí ☐1
No ☐2

18. De acuerdo a su criterio, la madre lactante debe descontinuar la lactancia cuando tiene:

Mastitis ☐1
Tuberculosis ☐2
Hepatitis ☐3
Cáncer ☐4
Malaria ☐5

19. Cuáles de los siguientes medicamentos considera usted que no deben prescribirse a la madre que amamanta?

Bactrín ☐1
Indocid ☐2
Librax ☐3
Metronidazol ☐4
Cloranfenicol ☐5
Aspirina ☐6
Estreptomicina ☐7
Lasix ☐8

20. Le pregunta usted a la madre que está amamantando qué método de planificación familiar está siguiendo?

Sí ☐1
No ☐2

44
45
46 47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62

21. De los métodos de planificación familiar que se listan a continuación, cuáles considera usted que pueden tener efectos negativos sobre la producción de leche de las madres?

Anticonceptivos orales	☐ 1	63
Anticonceptivos inyectados	☐ 2	64
Diafragma	☐ 3	65
Esterilización	☐ 4	66
Espiral	☐ 5	67
D.I.U.	☐ 6	68
Ritmo	☐ 7	69
Ninguno	☐ 8	70

22. Qué método de planificación familiar recomienda a la madre que amamanta y que quiere espaciar hijos?

Anticonceptivos orales	☐ 1	71
Anticonceptivos inyectados	☐ 2	72
Diafragma	☐ 3	73
Espiral	☐ 4	74
D.I.U.	☐ 5	75
Ritmo	☐ 6	76
Ninguno	☐ 7	77

ESTA USTED DE ACUERDO CON QUE:	DE ACUERDO (1)	INSEGURO (2)	EN DESACUERDO (3)	
23. Es beneficioso poner al recién nacido normal al seno materno durante la primera media hora de nacido.	☐	☐	☐	78
24. La leche materna es la mejor fuente de nutrientes para los recién nacidos.	☐	☐	☐	79
25. La madre con pezón invertido puede amamantar a su hijo.	☐	☐	☐	80
26 La madre debe limpiar con alcohol su seno previo a que amamante al bebé.	☐	☐	☐	81
27. La madre debe amamantar a su hijo de ambos lados en cada mamada.	☐	☐	☐	82
28. Que la separación de la madre y el niño en las primeras horas de nacido es necesaria para que la madre descanse.	☐	☐	☐	83
29. En las salas de maternidad las madres y recién nacidos (sanos y a término) deben permanecer juntos cuando la madre está despierta y separados cuando ella duerme.	☐	☐	☐	84

ESTA USTED DE ACUERDO CON QUE:	DE ACUERDO (1)	INSE-GURO (2)	EN DESA-CUERDO (3)	
30. Es aconsejable que la madre que amamanta tome anticonceptivos orales?	☐	☐	☐	85
31. La madre que está amamantando exclusivamente a su bebé de 3 meses tiene menos probabilidades de volver a quedar embarazada que la que no amamanta a su hijo.	☐	☐	☐	86

Appendix 3

KAP Questionnaire for Pediatricians

Formulario: A L N
1 2 3

V. CONOCIMIENTOS, ACTITUDES Y PRACTICAS SOBRE LACTANCIA NATURAL

Para Pediatra

Favor marcar con una "X" la respuesta que usted considere más indicada:

Registro:

Para uso de la computadora. Favor no escribir en esta columna.

1/4

A. Información General:

1. País:
   - Costa Rica ☐ 1
   - El Salvador ☐ 2
   - Guatemala ☐ 3
   - Honduras ☐ 4
   - Nicaragua ☐ 5
   - Panamá ☐ 6
   - República Dominicana ☐ 7

5

2. Nombre:

_____

Dirección:

_____

4. Lugar y fecha en que se llenó el formulario:

_____, ____ de _____ de 19____

6 7 8

5. Edad del Médico:

_____ años

9 10 11 12 13 14

6. Sexo:
   - Masculino ☐ 1
   - Femenino ☐ 2

15 16

17

7. Número de hijos vivos: _____

18 19

8. Especialidad:
   - Neonatólogo ☐ 1
   - Pediatra ☐ 2

20

62

9. Universidad donde estudió la especialidad:

_____

10. Tiempo de ejercer:

_____ años

11. Trabajo actual: (En caso que trabaje en más de un lugar, sus respuestas deben relacionarse con el trabajo donde ocupa más del 60% de su tiempo)

- Clínica privada ☐ 1
- Hospital público ☐ 2
- Seguro Social ☐ 3
- Hospital privado ☐ 4
- Universidad (docencia) ☐ 5
- Otro: ☐ 6

(Especificar: _____)

12. Qué fuentes de información recibe actualmente en relación a lactancia natural?

- Libros de texto de Medicina ☐ 1
- Revistas técnicas ☐ 2
- Boletines o revistas de asociaciones profesionales ☐ 3
- Boletines o revistas de compañías farmacéuticas ☐ 4
- Prensa ☐ 5
- Otros ☐ 6

(Especificar: _____)

13. Ha participado o asistido a actividades sobre promoción de lactancia natural durante los últimos cinco años?

- Sí ☐ 1
- No ☐ 2

En caso afirmativo, llene el siguiente cuadro:

Evento	Año en que se realizó	Lugar (Ciudad/País)	Duración (días/meses)	Institución organizadora

Total de Eventos: _____

21 22

23

24

25

26

27

28

29

30

31 32

14. Han sido amamantados sus hijos?

Sí ☐1
No ☐2
Algunos de ellos ☐3
No tiene hijos ☐4

33

15. Fue amamantado su último hijo:

Sí ☐1
No ☐2

34

Cuántos meses? _____

35 36

B. Conocimientos, Actitudes y Prácticas:

1. En la institución u hospital donde usted trabaja, practican el alojamiento conjunto (permanencia del niño en la misma habitación de la madre):

Sí ☐1
No ☐2

37

2. En la institución donde usted trabaja, se pone al recién nacido al seno de la madre? (Una sola respuesta)

Inmediatamente ☐1
Menos de 1 hora de nacido el infante ☐2
Entre 1-4 horas de nacido el infante ☐3
Entre 5-12 horas de nacido el infante ☐4
Más de 12 horas de nacido el infante ☐5
(Especificar: _____)

38

3. En su institución se cuenta con un banco o lactorio de leche materna?

Sí ☐1
No ☐2

39

4. Cuándo se dan las fórmulas lácteas a los recién nacidos?

Siempre ☐1
Sólo entre intervalos de amamantamiento ☐2
Cuando la madre lo solicite ☐3
No se da ☐4
En casos especiales ☐5
(Especificar: _____)

40

5. Se dan fórmulas lácteas a los recién nacidos?

Sí ☐1
Cuando la madre lo solicita ☐2

41

6. Con qué frecuencia se amamanta al niño?

Horario fijo ☐ 1
A libre demanda ☐ 2

42

7. Se permite a personas que distribuyen fórmulas lácteas entregar material educativo y muestras gratis de leche artificial a las embarazadas y recién parturientas atendidas?

Sí ☐ 1
No ☐ 2

43

8. Qué consejos le da a la madre recién parturienta que va a trabajar después de su descanso post-natal sobre la manera de alimentar a su hijo? (Una sola respuesta)

Que amamante exclusivamente ☐ 1
Que amamante y complemente ☐ 2
Que amamante únicamente durante el período postnatal ☐ 3
Que no amamante ☐ 4

44

9. Qué consejos le da a la madre trabajadora sobre la forma de alimentar a su hijo cuando tiene tres meses de vida? (Una sola respuesta)

Que amamante por la noche y dé al infante la leche que se extrajo el día antes ☐ 1
Que amamante por la noche y sustituya las mamadas del día por fórmulas lácteas ☐ 2
Que amamante por la noche y durante el día complemente la alimentación del infante con papillas o purés ☐ 3
Que amamante por la noche y durante el día alimente al infante con fórmulas lácteas y papillas o purés ☐ 4
Que descontinúe la lactancia ☐ 5

45

10. En su concepto, qué considera usted que tiene mayor importancia para que la madre pueda producir suficiente leche?

Madre que ingiere abundantes líquidos ☐ 1
Estado nutricional de la madre ☐ 2
Preparación de senos durante el embarazo ☐ 3
Madre relajada y deseosa de amamantar ☐ 4
Niño amamantado frecuentemente ☐ 5
Dieta adecuada de la madre ☐ 6

46

11. Enumere del 1 al 3, en orden de mayor a menor importancia, las enfermedades de las cuales los niños alimentados padecen menos que los niños alimentados con lactancia artificial:

Enfermedades gastrointestinales ☐ 1
Enfermedades respiratorias ☐ 2
Alergias ☐ 3

47

65

12. De acuerdo a su criterio, la madre lactante debe descontinuar la lactancia cuando tiene:

- Mastitis ☐ 1
- Tuberculosis ☐ 2 — 48
- Hepatitis ☐ 3 — 49
- Cáncer ☐ 4 — 50
- Malaria ☐ 5 — 51

52

13. Cuáles de los medicamentos que se listan a continuación, considera que no deben prescribirse a la madre que amamanta?

- Bactrín ☐ 1
- Indocid ☐ 2 — 53
- Librax ☐ 3 — 54
- Metronidazol ☐ 4 — 55
- Cloranfenicol ☐ 5 — 56
- Aspirina ☐ 6 — 57
- Estreptomicina ☐ 7 — 58
- Lasix ☐ 8 — 59

60

14. Le pregunta usted a la madre que está amamantando qué método de planificación familiar está siguiendo?

- Sí ☐ 1
- No ☐ 2 — 61

15. De los métodos de planificacion familiar que se listan a continuación, cuáles considera usted que pueden tener efectos negativos sobre la producción de leche de las madres?

- Anticonceptivos orales ☐ 1
- Anticonceptivos inyectados ☐ 2 — 62
- Diafragma ☐ 3 — 63
- Esterilización ☐ 4 — 64
- Espiral ☐ 5 — 65
- D I U ☐ 6 — 66
- Ritmo ☐ 7 — 67
- Ninguna ☐ 8 — 68

69

16. a) Aconseja usted a la madre lactante que evite el consumo de ciertos alimentos?

- Sí ☐ 1
- No ☐ 2 — 70

b) En caso afirmativo, indique estos alimentos:

_____

_____

17. Qué aconseja usted a las madres que indican que tienen poca leche? (Una sola respuesta)

- Que continúe amamantando exclusivamente ☐ 1
- Que complemente la lactancia materna con lactancia artificial ☐ 2
- Le prescribe medicamentos para aumentar su producción láctea ☐ 3
- Que descontinúe el amamantamiento ☐ 4

71

18. Qué le recomienda a las madres cuyos hijos no están aumentando de peso de acuerdo a los estándares? (Una sola respuesta)

- Que continúe amamantando exclusivamente ☐ 1
- Que alterne las mamadas con otras leches ☐ 2
- Que alterne las mamadas con papillas o purés ☐ 3
- Que alterne las mamadas con otra leche y papillas o puré ☐ 4
- Prescribe vitaminas y medicamentos ☐ 5
- Que descontinúe la lactancia materna ☐ 6

72

19. Qué les recomienda a las madres que usted atiende sobre la forma de alimentar a su hijo durante los 4-6 meses de edad?

- Que amamante exclusivamente a su hijo ☐ 1
- Que dé lactancia artificial ☐ 2
- Que amamante y complemente con lactancia artificial ☐ 3
- No da indicaciones ☐ 4
- Que amamante y complemente con papillas y/o purés ☐ 5

73

20. En caso que aconseje lactancia artificial, recomienda un producto en particular.

Sí ☐ 1
No ☐ 2

74

21. Qué entiende usted por destete?

_____

_____

_____

Registro 2 2 4
5-8 = Registro 1

22. A qué edad aconseja usted a la madre que introduzca los siguientes alimentos en la dieta de sus hijos?

Agua:	a los _____ días	
Jugos de frutas:	a las _____ semanas	9 10
Verduras:	a los _____ meses	11 12
Leguminosas:	a los _____ meses	13 14
Cereales:	a los _____ meses	15 16
Huevo:	a los _____ meses	17 18
Carnes:	a los _____ meses	19 20
		21 22

23. A los cuántos meses debe producirse el destete completo?

A los _____ meses

24. a) Recomienda usted a la madre que amamanta a su hijo que le dé vitaminas y minerales?

Sí ☐ 1
No ☐ 2

b) Cuáles? _____

25. Cuando el niño está con diarrea aguada de 2-3 días de evolución y con más de 8 evacuaciones diarias, considera usted que la madre debe: (Una sola respuesta)

Continuar amamantando al infante ☐ 1
Descontinuar esta práctica durante unas horas ☐ 2
Descontinuar definitivamente esta práctica si el niño está con diarrea y vómitos ☐ 3

26. Receta usted medicamentos para que la madre produzca más leche?

Sí ☐ 1
No ☐ 2

Cuáles? _____

27. Qué recomienda usted a la madre cuando le pregunta si es conveniente continuar amamantando a su hijo después de un susto o una cólera?

_____

28. a) Hasta qué edad considera usted que debe ser amamantado un niño de una madre bien nutrida?

Hasta _____ meses

b) Hasta qué edad considera que debe ser amamantado un niño de una madre desnutrida?

Hasta _____ meses

23 24
25
26
27
28 29
30 31

160

ESTA USTED DE ACUERDO CON QUE:	DE ACUERDO (1)	INSEGURO (2)	EN DESACUERDO (3)	
29. El factor emoción y de stress de la madre influye negativamente en su capacidad de producción láctea.	☐	☐	☐	32
30. La cantidad de inmunoglobulinas presentes en la leche materna se mantiene cuando el niño tiene un año de estar mamando.	☐	☐	☐	33
31. Las propiedades antiinfecciosas de la leche materna se mantienen cuando el niño tiene un año de estar mamando.	☐	☐	☐	34
32. Es importante que el recién nacido tome el calostro.	☐	☐	☐	35
33. Que la leche materna es igual o más nutritiva que las otras leches.	☐	☐	☐	36
34. Que el niño con labio leporino y/o paladar hendido puede ser amamantado.	☐	☐	☐	37
35. Que la madre producirá más leche mientras más succione el infante.	☐	☐	☐	38
36. Que los niños amamantados ganan más peso que los niños alimentados con lactancia artificial.	☐	☐	☐	39
37. Que debe dárseles a las madres muestras gratis de fórmulaciones lácteas, aún cuando éstas no quieren amamantar a sus hijos.	☐	☐	☐	40
38. Que la madre no debe acostarse para amamantar a su hijo, ya que la leche fluirá y el niño podrá ahogarse.	☐	☐	☐	41
39. El número de pañales que moja el infante amamantado exclusivamente puede ser un criterio útil y práctico para asegurar a la madre que tiene suficiente leche.	☐	☐	☐	42
40. La lactancia materna puede prolongar el período de amenorrea.	☐	☐	☐	43
41. La madre que está amamantando debe primero dar los otros alimentos y luego el pecho.	☐	☐	☐	44
42. Es preferible que el destete se produzca bruscamente.	☐	☐	☐	45

Appendix 4

KAP Questionnaire for Users

FORMULARIO

PROGRAMA NACIONAL DE LA LACTANCIA MATERNA

ENCUESTA SOBRE CONOCIMIENTOS, ACTITUDES Y PRACTICAS DE LACTANCIA MATERNA

I. IDENTIFICACION

Fecha: /_/_/_/_/_/_/_/ (DIA MES AÑO)

01 - 31 día

01 - 12 mes

84 - 85 año

Institución /_/

1 = Hospital Santo Tomás

2 = Policlínicas de la C.S.S.

3 = Centros de Salud del M.S.P.

especificar: _____

_____

II. PRIMER MODULO

A. Datos Generales

1. Nombre: _____
APELLIDOS NOMBRES

2. Edad: /_/_/_/ AÑOS

3. Meses de Embarazo: /_/

4. Dirección Exacta: _____
Barriada Nº de Calle

_____
Nº de Casa Corregimiento

5. Trabaja:

1 = Sólo en Casa (PASE A LA PREGUNTA Nº 8) /_/

2 = Fuera de la casa y lleva al niño

3 = Fuera de la casa y no lleva al niño

6. Cuánto tiempo usa para trasladarse de su casa al trabajo?

   1 = De 1 a 15 minutos

   2 = De 16 a 30 minutos

   3 = De 31 a 45 minutos

   4 = De 46 a 60 minutos

   5 = Más de 60 minutos

7. Cuánto tiempo trabaja fuera de su casa?

   1 = Entre 1 y 3 horas

   2 = Entre 3 y 6 horas

   3 = Entre 6 y 9 horas

   4 = Más de 9 horas

8. Es usted:

   1 = Asegurada de la C. S. S.

   2 = Beneficiaria de la C. S. C.

   3 = Asegurada o Beneficiaria de Aseguradoras Privadas

   4 = Ninguna de las Anteriores

9. Estado Civil:

   1 = Casada

   2 = Soltera

   3 = Divorciada o Separada

   4 = Viuda

   5 = Unida

10. Cuántos años de estudio ha realizado?

00 = Ninguno

11 = Primer Grado de Primaria

12 = Segundo Grado de Primaria

16 = Sexto Grado de Primaria (Primaria Completa)

21 = Primer Año de Secundaria

26 = Secundaria Completa

30 = Estudios Técnicos o Universitarios

B. Estructura Familiar

11. Tipo de Familia:

1 = Nuclear

2 = Ampliada

12. Número de Hijos Nacidos Vivos:

	12.1	12.2	12.3	12.4	12.5
No.	Edad	Estado Actual	Edad al Morir	Mamó	Cuántos Meses
1					
2					
3					
4					
5					
6					
7					
8					

Edad	Estado Actual	Edad al Morir	Mamó	Cuántos Meses
00 = Menos de un mes	1 = Vivo	00 = Menos de un mes	1 = Sí	00 = Menos de un mes
01m= Un mes	2 = Muerto	01m= Un mes	2 = No	01 = Un mes
02m= Dos meses Etcétera		02m= Dos meses Etcétera		02 = Dos meses
12m= Un año		12m= Un año		03 = 3 meses Etcétera
24m= 2 años		24m= Dos años		99 = Nunca mamó
02a= Más de 2 años		02a= Más de 2 años		
03a= 3 años Etcétera		03a= 3 Años Etcétera		

III. SEGUNDO MODULO

A. Conocimientos sobre Lactancia Materna y Alimentación del Niño

13. Qué leche cree usted que es mejor para alimentar a los niños en el primer año de vida?

1 = Leche Materna

2 = Leche artificial maternizada

3 = Leche artificial entera

4 = Ambas (Materna y Artificial)

5 = Mezclas Especiales

14. Por qué cree usted que esa es la mejor leche?

_____

_____

_____

15. Ha recibido información sobre la Lactancia Materna?

1 = Sí (PASE A LA PREGUNTA Nº 16)

2 = No (PASE A LA PREGUNTA Nº 18)

16. De dónde o de quién obtuvo información sobre la Lactancia Materna?

01 = Médico Gineco-Obstetra

02 = Médico Pediatra

03 = Nutricionista

04 = Madre

05 = Abuela

06 = Amigas o Vecinos

07 = Trabajadora Social

08 = Enfermeras

09 = Auxiliares de enfermería

10 = Radio: Especifique _____

11 = T. V.: Especifique _____

12 = Periódico: Especifique _____

13 = Afiches o Panfletos

14 = Otros: Especifique _____

17. Qué información ha recibido?

1 = Importancia de la Lactancia Materna

2 = Ventajas de la Lactancia Materna

3 = Preparación durante el embarazo para la Lactancia Materna

4 = Como dar de mamar al niño

5 = Otra, Especifique _____

18. Conoce usted las ventajas de la Lactancia Materna?

1 = Sí (PASE A LA PREGUNTA Nº 19)

2 = No (PASE A LA PREGUNTA Nº 20)

19. Enumere las ventajas de la Lactancia Materna que usted conoce

1. _____

2. _____

3. _____

20. Hasta qué edad cree usted que se debe dar de mamar a un niño?

00 = Nunca (PASE A LA PREGUNTA Nº 22) /_/_/

01 = Un mes

02 = Dos meses

Etcétera

90 = Hasta que el niño deje voluntariamente el pecho

95 = Hasta que el médico lo indique

98 = No sé

99 = Hasta que una pueda:

Especifique _____

21. A qué edad cree usted conveniente comenzar a darle al niño otros alimentos, además de la Leche Materna?

00 = Antes del mes /_/_/

01 = Un mes

02 = Dos meses

Etcétera

83 = No sé

88 = Hasta que le salgan los dientes

22. A qué edad cree usted que se le deben dar el niño los siguientes alimentos?

Otras Leches /_/_/

Agua /_/_/

Jugo de Frutas

Puré de Frutas

Crema de Cereales

Yema de huevo

Puré de vegetales y verduras

Carne Molida o picada

Menestras

Arroz, Pan, tortilla o pastas

De todo

00 = Antes del Mes

01 = Un mes

02 = Dos meses

12 = Un año

Etcétera

83 = No sé

88 = Hasta que le salgan los dientes

95 = Hasta que el médico lo indique

- Si tiene hijos menores de 24 meses pasar a la Pregunta Nº 30
- Si no tiene hijos o el último hijo es mayor de 24 meses, continuar con el Tercer Módulo

IV. TERCER MODULO. (sólo para embarazadas sin hijos o con hijos mayores de 24 meses)

A. Actitudes hacia la Lactancia Materna y alimentación del niño.

23. Qué clase de leche le piensa dar a su hijo durante los cuatro (4) primeros meses?

1 = Leche Materna

2 = Leche artificial maternizada

3 = Leche artificial entera

4 = Ambas (Materna y Artificial)

5 = Mezcla especial

24. Quién le recomendó esta leche?

01 = Médico Gineco-Obstetra

02 = Médico Pediatra

03 = Nutricionista

04 = Madre

05 = Padre

06 = Esposo

07 = Abuela

08 = Amiga o vecina

09 = (s Familiares: Especifique _____

10 = Radio: Especifique _____

11 = T. V.: Especifique _____

12 = Periódico: Especifique _____

13 = Afiches

14 = Enfermeras

15 = Otros. Especifique _____

- Las embarazadas que piensan dar leche Materna o ambas según la pregunta Nº 23 pasarán a la pregunta Nº 25
- Las que piensan dar leche artificial o mezclas especiales según la pregunta Nº 23 pasarán a la pregunta Nº 28

25. Cuántos meses le piensa dar de mamar?

00 = Menos de un mes

01 = Un mes

02 = Dos Meses

Etcétera

95 = Hasta que el médico lo indique

99 = No sé

26. Qué piensa hacer cuando comience a trabajar?

1 = Continuará con la Leche Materna (PASAR A LA PREGUNTA Nº 27)

2 = Cambiará a la Lactancia Artificial (PASAR A LA PREGUNTA Nº 28)

3 = Mixta (Materna y Artificial) (PASAR A LA PREGUNTA Nº 28)

4 = Lo que me recomiende el médico (fín de la encuesta)

5 = No sé (fín de la encuesta)

6 = No trabaja fuera de casa (fín de la encuesta)

27. Cómo piensa continuar con la Lactancia Materna?

1 = Le daré en la mañana y en la noche y lo complementare con leche maternizada

2 = Le daré en la mañana y en la noche y me sacaré la leche dejándosela para el resto del día

3 = No sé

4 = Otros: especifique: _____

(Si respondió a esta pregunta (27) finalice la encuesta)

28. Por qué le dará Lactancia Artificial al niño?

_____

_____

_____

_____

_____

29. Qué leche le dará?

1 = Leche artificial maternizada

2 = Leche artificial entera

3 = Mezcla especial

Especifique _____

FIN DE LA ENCUESTA PARA MUJERES EMBARAZADAS SIN OTROS HIJOS O CON HIJOS MAYORES DE VEINTICUATRO (24) MESES.

V. CUARTO MODULO. (sólo para embarazadas con niños menores de 24 meses).

A. Prácticas de Lactancia Materna y Alimentación del niño.

30. En qué lugar fue atendido su parto?

1 = Hospital Santo Tomás

2 = Hospital de la Caja de Seguro Social

3 = Hospitales Privados

4 = Otros

Especifique: _____

31. Qué tipo de parto fue?

1 = Normal

2 = Con forcep

3 = Cesarea (PASE A LA PREGUNTA Nº 33)

4 = Otras complicaciones: Especifique _____

32. Le pusieron puntos?

1 = Sí

2 = No

3 = No sé

33. Hasta qué edad mamo su hijo?

00 = Menos de un Mes

01 = Un mes

02 = Dos meses

Etcétera

50 = Nunca mamó

(PASAR A LA PREGUNTA Nº 34)

55 = Aún mama. (PASAR A LA PREGUNTA Nº 35)

34. Por qué no está dando de mamar?

_____

_____

- Si el niño mamó algún tiempo pase a la Pregunta Nº 36
- Si el niño nunca mamó pase a la Pregunta Nº 40

35. Hasta qué edad le dará de mamar?

01 = Un Mes

02 = Dos meses

03 = Tres meses

Etcétera

83 = No sé

98 = Hasta que el niño deje voluntariamente el pecho

99 = Hasta que el médico lo indique

36. Cuántas horas después del parto comenzó a mamar su hijo?

1 = Inmediatamente

2 = En las primeras 12 horas

3 = Entre 12 y 24 horas

4 = Entre 24 y 48 horas

5 = Después de 48 horas

37. Cada cuántas horas le da de mamar al niño?

1 = Cada dos horas

2 = Cada tres horas

3 = Cada cuatro horas

4 = No le tiene hora (cuando el niño pide)

5 = En la mañana y en la noche, durante el día le dejo mamaderas con leche artificial

6 = En la mañana y en la noche, durante el día le dejo las mamaderas con leche materna

38. Cuántos minutos mama el niño en cada pecho?

1 = De 1 a 5 minutos

2 = De 6 a 10 minutos

3 = De 11 a 15 minutos

4 = Más de 15 minutos

5 = No sé

39. Qué hará cuando comience a trabajar? / Qué hizo cuando empezó a trabajar?

1 = Continuar con la Lactancia Materna

2 = Cambiar a Lactancia Artificial

3 = Mixta (Materna y Artificial)

4 = No sé

5 = Otro: Especifique: _____

40. A qué edad comenzó el niño a comer los siguientes alimentos:

Otras leches

Agua

Jugos de fruta y vegetales

Puré de frutas

Crema de cereales

Yema de huevo

Puré de vegetales y verduras

Carne molida o picada

Menestras

Arroz, pan, tortillas o pastas

De Todo

00 = Antes del mes
01 = Un mes
02 = Dos meses
Etcétera
98 = Aún no ha comido

93

Appendix 5

KAP Questionnaire for Working Women

Ministerio de Salud

Caja de Seguro Social/Programa Materno Infantil y Departamento de Relaciones con el Usuario

CSS

CONSULTA A MUJERES TRABAJADORAS SOBRE LACTANCIA MATERNA

NOTA: El presente cuestionario tiene como principal objetivo obtener información sobre tus creencias, hábitos y conocimientos con relación a la Lactancia Materna (dar de mamar) en Panamá. Esta información será de mucha utilidad para futuros programas de promoción de la Lactancia Materna. Agradecemos tu cooperación.

A. INFORMACION GENERAL

1. Estado Civil: Casada ☐ Unida ☐ Soltera ☐ Divorciada ☐ Separada ☐ Viuda ☐

2.- Edad _____ 3. Número de hijos que tiene _____

3.- Residencia _____

Distrito Corregimiento Calle

4.- Empresa donde Trabaja _____

5.- Tipo de trabajo que desempeña _____

6.- Tiene turnos de trabajo? ☐ SI ☐ NO

7.- Por motivos de trabajo ¿qué tiempo pasa fuera de casa? _____ horas

B. CREENCIAS SOBRE EL AMAMANTAMIENTO

A continuación se presentan algunas creencias populares sobre la lactancia materna. Marque con una cruz aquellas creencias que usted considera como ciertas.

8.1 ☐ Mientras mayor es el tamaño del seno mayor es la capacidad de producir leche.

8.2 ☐ Dar de mamar deforma el seno.

8.3 ☐ El calor seca la leche.

8.4 ☐ La "primera leche" (calostro) da diarrea al bebé.

8.5 ☐ Cuando los pezones están agrietados o irritados se debe dejar de amamantar.

8.6 ☐ Dar de mamar afecta la relación sexual.

8.7 ☐ Cuando el niño llora después de mamar es porque no se ha llenado.

8.8 ☐ Dar de mamar durante la menstruación produce diarrea al niño.

8.9 ☐ La leche "aguada" no es alimenticia.

8.10 Puede mencionar otras creencias que usted conozca sobre la lactancia materna? (diga si está de acuerdo con ellas o no).

a) _____

b) _____

c) _____

C. HABITOS DE LACTANCIA

A continuación se hacen algunas preguntas sobre sus hábitos de lactancia, no los incluye todos, pero sí lo que creemos más relevante.

9. Piensa dar (dió) de mamar hasta los _____ meses

10. Porque motivo dará (dió) de mamar durante ese tiempo?

_____

_____

_____

11. Con relación a sus hijos,

11.1 ☐ Todos fueron amamantados

11.2 ☐ Alguno (s) no lo fue (fueron)

Por qué? _____

12. Con relación al horario de amamantar ¿Cuándo le dá de mamar al bebé?

12.1 ☐ Con horario regular de amamantar

12.2 ☐ Cuando siente los senos llenos

12.3 ☐ Cuando siente que el bebé tiene hambre

12.4 ☐ Otro _____

13. Practicará (practicó) el ordeñamiento? 13.1 ☐ SI 13.2 ☐ NO

13.3 ¿le ofrecía algunas ventajas?

Cuáles? _____

_____

14. El dar de mamar le resulta (le resultó)

14.1 ☐ Se sintió bien

14.2 ☐ Se sintió mal

14.3 ☐ Sintió que estaba perdiendo tiempo

14.4 ☐ No le interesó

14.5 ☐ Otra _____

Especifique

15. Que posición le resulta (resultó) más cómoda para dar de mamar a su bebé?

15.1 ☐ Sentada

15.2 ☐ Parada

15.3 ☐ Acostada

16. Cuánto tiempo alimentó a su bebé con leche materna como único alimento?.

_____ meses, años _____

17. Por qué motivos no dará (no dió) de mamar?

Motivos _____

_____

_____

18. A partir de que edad empezó a darle Fórmula (biberón)?_____meses.

19. ¿Quién le recomendó la Fórmula (biberón)?.

19.1 ☐ Usted lo sabía

19.2 ☐ Su médico

19.3 ☐ Su mamá

19.4 ☐ Una amiga

19.5 ☐ Otro modo _____

menciónelo

D. CONOCIMIENTOS SOBRE LACTANCIA

A continuación se ofrece una serie de informaciónes sobre lactancia materna. Si usted ya conocía esta información marque la casilla con una equis(x).

20.1 ☐ El niño puede ser (y debe ser) amamantado desde las primeras horas de vida (3-4 horas)

20.2 ☐ El niño debe ser alimentado a libre demanda. Esto significa que debe ponerse al pecho frecuentemente y sin horario.

20.3 ☐ El niño debe ser alimentado con leche materna sin ningún otro alimento, hasta los 4-5 meses de edad.

20.4 ☐ La leche materna es el mejor alimento para el niño en su primer año de vida.

20.5 ☐ La leche materna después de los 4 meses puede ser acompañada con otros alimentos como : cereales, guineo, zanahoria, zapallo, etc.

20.6 ☐ Los niños amamantados son más sanos que los alimentados con biberón, ya que la leche materna contiene innumerables propiedades anti-infecciosas.

20.7 ☐ La lactancia ayuda a que el útero adopte la forma y tamaño similar al que tenía la madre antes del embarazo.

20.8 ☐ Si la mujer trabaja puede dar pecho en los ratos libres u ordeñarse y dejar la leche en el refrigerador para el día mientras ella está ausente.

20.9 ☐ Por lo general los niños amamantados tienen menos cólicos, menos diarrea y ganan peso adecuadamente.

21. Los conocimientos que usted posee sobre Lactancia Materna los adquirió a través de:

21.1 ☐ Lectura individual

21.2 ☐ Su madre

21.3 ☐ Una amiga

21.4 ☐ Con su médico

21.5 ☐ Con un programa de Lactancia Materna (excluyendo éste)

21.6 ☐ A través de este programa de promoción de Lactancia Materna.

21.7 ☐ Otra forma _____

mencionela

OBSERVACIONES: _____

_____

_____

_____

_____

_____

FECHA