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WELLSTART'S

FINAL SUBSTANTIVE REPORT

I88.47A*

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July 1, 1988 - December 31, 1989

Final Substantive Report
July 1, 1988 - December 31, 1989

Award Recipient: Wellstart
Award Number: Population Council Award No. I88.47A

Population Council funds have been used under this award to achieve accomplishments in the following areas:

Hospital General, Mexico City, Mexico

A total of five multidisciplinary health professionals from the Hospital General of Mexico City have been entered into Wellstart's Lactation Management Education (LME) Program. This team (two pediatricians, 1 obstetrician, 1 nurse and 1 social worker) participated in the LME course which took place August 29 through September 23, 1988. A detailed course report, including information on Program and course objectives, course activities and recommendations made concerning the Mexican team is attached as Appendix 1. Also included in the course report is detailed information on the team's program plan which they have been in the process of implementing since returning to Mexico City in September of 1988.

As are all participating teams, the Mexican team was allowed a \$400 budget to use in purchasing a set of teaching materials/resources. The team selected, while in San Diego, 192 slides, 3 video tapes, 4 slide-tape sets, 5 text books, and miscellaneous supplies, equipment and materials with their budget allotment. Because Wellstart does have a growing collection of Spanish language materials, the Mexican team was fortunately able to purchase many of the videos, slide-tape sets, etc. in Spanish. In addition, several of the team members placed smaller, individual, supplemental orders for relevant teaching materials and supplies. Wellstart staff placed all the orders and have distributed all ordered materials to the team.

Since joining the LME Program in September, 1988, the five Mexican team members have been enrolled in Wellstart's Reprint-a-Month project. Through this project, the team has, and will continue to receive through the mail, six reprint articles each month from the current, relevant literature. Two of these reprints are selected by Wellstart's medical faculty, two by its nursing faculty and two by the Program Nutritionist.

The Mexican team has also received follow-up support from Wellstart in the form of a Program newsletter which has been provided in both English and Spanish (attached) to each team member, as well as ongoing communication between team members and Program staff. The team will continue to be a part of Wellstart's usual continuing education and follow-up support activities.

One example of such activities is the Program's newly established Advanced Study Fellowship (ASF) Project. (See below for additional information on this Project.) During this period initial discussions were held with Dr. Horacio Reyes (pediatrician team member) about the possibility of his participation in the ASF Project during a Spanish language LME course in early 1990. Currently Dr. Reyes is scheduled to participate as one of two Fellows during the period March 26 - May 18, 1990. Dr. Reyes and Dr. Nelly Baiocchi from Lima, Peru (see Final Substantive Report for Agreement No. I88.46A for additional information on Dr. Baiocchi) would arrive in San Diego two weeks prior to the start of the LME course scheduled for April 9 - May 4, 1990. During this period they would review the current literature, make several site visits, and prepare several lectures for the course. During the course they would function as faculty, discussion leaders and facilitators. They would also develop a detailed plan for expansion and extension of their team's program.

Also during this last interim period, discussions have been held with the Mexican team and Ms. Jane Bravo about sending an additional team from the Hospital General to Wellstart during the February 5 - March 2, 1990 Spanish language LME course. Negotiations for a team to include the heads of the departments of Pediatrics and Obstetrics as well as two additional nurses have occurred and these four applicants are currently expected to participate in the February course.

Advanced Study Fellowship Project Participation by Dr. Wirapong Chatranon, July 10 - September 15, 1989

One of the most gratifying accomplishments of the Wellstart Program this fiscal year was the formal establishment of the Advanced Study Fellowship (ASF) Project. This project brings current participants back to San Diego for a 2 month fellowship experience which includes the following:

FELLOWSHIP COMPONENT

EXAMPLE

Field Study/Site Visits: The San Jose Mother's Milk Bank, San Jose, California
The Lactation Program at AMI/St. Luke's Hospital in Denver, Colorado
The Children's Nutrition Research Center, Houston, Texas
The Jose Fabella Memorial Hospital, Manila, The Philippines

Participation in relevant meetings/conferences:

The La Leche League's Physicians' Seminar and International Meeting, Anaheim, CA

The fellowship also includes full participation in a lactation management education (LME) course, including some teaching and discussion facilitation responsibilities. In addition, as part of

the ASF, fellows develop plans for extending and expanding their breastfeeding promotion and protection efforts. The ultimate long-term aim of which is the creation of a self-sustaining LME resource center in their own country, an adaptation of Wellstart, to service regional and/or national needs.

From July 10 through September 15, 1989, Dr. Wirapong Chatranon, Associate Professor of Pediatrics and Deputy Dean for Resources from Siriraj Hospital, Mahidol University Faculty of Medicine in Bangkok, was one of two participants in this newly established ASF project. Dr. Wirapong had already entered the LME Program back in 1984, and had been working with fellow team members since then to establish teaching and service programs within his medical/nursing schools and affiliated teaching hospital. These efforts have now, through the ASF project, evolved to the point where LME Center development, including specific recommendations for further participation in Wellstart's LME Program and for material, equipment and secretarial support is becoming possible. Dr. Wirapong's plan for a Lactation Training Center is attached as Appendix 2. A copy of the August-September course report is attached as Appendix 3.

Participation by Fourteen Master Trainers in Wellstart's November 13 - December 12, 1989 LME Course (Travel and partial per diem paid for by I88.47A funds)

Further steps along this evolutionary process (from initial participation in the Program, through the ASF, to LME Center development) have also been taken during the Agreement period. Recruitment and selection of top level administrators and master trainers for a national breastfeeding program in Thailand were undertaken as soon as Dr. Wirapong returned from his ASF. Fourteen health professionals from Bangkok, Thailand participated in a LME course in San Diego November 13 - December 12, 1989. They are working on further refining and enhancing the plans begun during the ASF into detailed work plans for Center development and national programs. A listing of their names, titles and institutional affiliations is attached as Appendix 4. A copy of the current national plan is attached as Appendix 5. A copy of the November 13 - December 12, 1989 course report will be forwarded to the Population Council as soon as it is completed.

In summary, major steps have been taken during the Agreement period along the path to national LME Center development in Thailand. An appropriate person has now been provided with specialized training and experience, including leadership development, teaching and program planning. A critical mass of well-prepared health professionals has been created and a proposal for a LME Center is being further developed, including budgets and requests for material and custom-tailored follow-up support. The in-country USAID mission and appropriate divisions of the ministry of health have been kept informed and their support has been obtained. Further steps will need to be taken to insure that accomplishments to-date are nurtured and expanded into national, sustainable

teaching and service programs that will provide training and service throughout Thailand at all levels of the health professional infrastructure, from the major medical schools to the primary care level.

Siriraj Hospital in Bangkok, Thailand: A Case Study in National LME Center Development

"I am very pleased indeed that I have been able to convince the Director of Nutrition Division Ministry of Public Health of the prime significance of breastfeeding and its impact on the nutritional status, morbidity and mortality of infants in Thailand."

Dr. Wirapong Chatranon
Pediatrician, Faculty of Medicine
Siriraj Hospital
Wellstart Program Participant
and Advanced Study Fellow

As mentioned above, Dr. Wirapong and his colleagues have developed a plan for a national LME Center at Siriraj Hospital. A brief summary of this plan is as follows:

A Lactation Training Center at the Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand has been proposed with concentration on four key areas of activity: training, information, service and research. Recognition and support for this proposal has been given by the Royal Thai Government, Ministry of Public Health as well as by the Dean of the Faculty and Heads of the Departments of Obstetrics and Gynecology and Pediatrics, Siriraj Hospital, Mahidol University.

Training will be given to health personnel in the Ministry of Public Health from the highest level to the subdistrict level throughout the country by echoing the training from one level to lower levels consecutively. Training will also be provided to medical and nursing students as well as residents in ObGyn and pediatrics. Ten Master Trainers will participate in the Wellstart LME Program. They, in turn will develop curricula and provide training to 54 Regional Trainers from 9 Regional Health Promotion Centers. Training for all the 9 regions is expected to be completed within three years. The Regional Trainers will, in turn, provide training to the 360 Provincial Trainers from 72 provinces. The Provincial Trainers will subsequently give further training to the 8,964 District and Sub-District Trainers in cooperation with the Regional Trainers. These District and Sub-District Trainers will then, in turn, provide training for other colleagues in their hospitals or health centers throughout the country. It is expected that the Village Health Volunteers, the Model Mothers, as well as other mothers in the villages, will acquire knowledge on breastfeeding directly from the trained health personnel working at the Health Centers at the sub-district level. A total of

371,555 health care providers will thus receive training through this project. Funds for all training within Thailand will be provided by the Royal Thai Government, Ministry of Public Health.

An Information Center will be established to serve as a database, providing information on published articles on lactation and related subjects, as well as on drugs and contaminants in breast milk. The Center will also house a collection of books in its library and serve as a media bank providing audiovisual aids for use in training.

The service activities of the Center will include breastfeeding management and consultation through Lactation Clinics and telephone helplines on working days.

Research activities of the Center will include solicitation of funds for research projects, coordination of research work, compilation of results and promotion of the use of the findings.

Elements of this plan that are particularly exciting and which will help to insure successful implementation include the active participation and financial support of the all pertinent divisions of the Ministry of Public Health and the multiplier or spread effect that is being built-in to the plan for training.

APPENDIX 1

Wellstart

San Diego Lactation Program

**LACTATION MANAGEMENT EDUCATION PROGRAM
SESSION REPORT**

August 29 - September 23, 1988

Prepared by:

Audrey J. Naylor, MD, DrPH

Ruth A. Wester, RN, CPNP

Co-Directors

Wellstart/The San Diego Lactation Program

Janine Schooley, MPH

Education Program Manager

Wellstart/The San Diego Lactation Program

1'

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I. Introduction and Summary

A Lactation Management Education (LME) course was held at the Wellstart facilities in San Diego from August 29 through September 23, 1988. A total of 15 health professionals from Egypt, Uganda and Mexico attended the 4 week course. Please see Appendix 1 for a list of all participants with professional disciplines and affiliations noted.

The goal and objectives for this course remain unchanged from those described in the original LME Program proposal. They are as follows:

Goal

To assist the promotion of breastfeeding in developing countries by improving the knowledge regarding the clinical management of lactation and breastfeeding of current and future perinatal health care providers.

Objectives

- (1) To train teams of physicians and nurses from teaching hospitals as lactation specialists. These teams will be prepared to assume responsibility for breastfeeding programs designed to offer both service and teaching and to function as models for possible replication in other teaching hospitals.
- (2) To assist these teams in developing a model service and teaching program appropriate to their own setting.
- (3) To assist these teams in designing inservice and continuing education activities regarding lactation and breastfeeding for their physician and nursing colleagues.
- (4) To assist the teams in selecting or developing appropriate teaching materials for their own program.

Methods used to meet the above-listed goal and objectives for the most part remain unchanged from previous LME courses. Details of specific course activities can be found in Appendices 2 and 3 (Course Schedules and Faculty and Staff List, respectively).

As in all LME courses, 3 basic methods of evaluation were utilized to assess the success level of the course:

- (1) To determine if the experience in San Diego modified the quantity and/or quality of the participants' knowledge about breastfeeding, short unannounced pre- and post-tests were given. Results of these tests suggest that participants' knowledge base was significantly increased at the completion of the four-week course. (Average scores rose from 49.8% to 69.7% correct answers, Appendix 4).
- (2) Individual session critiques were completed by participants for all 32 of the seminar sessions provided during the course. Participants were asked to rate the usefulness, quality and quantity of the presentation, as well as respond to whether the speaker and/or topic should be included in the future. The tabulated scores reflect a high level of satisfaction with both the quality and quantity of the material presented as well as with the speakers themselves. Mean scores for usefulness, quality and quantity were 4.6, 4.5, and 3.5, respectively, using a scale of 0 to 5 for usefulness and quality with 5 being the highest possible score and a scale of 0 to 5 for quantity with 0 being too little and 5 being too much.
- (3) An evaluation form was given to participants at the end of the entire course to allow them an opportunity to comment on all elements of the course experience. The results of these evaluations are summarized by discipline for the group in Appendix 5.

In general, based upon participant comments, the pre/post test, session critiques and the overall course evaluations, the course appears to have been very well accepted and a valuable experience for all who attended.

II. Comments on Specific Program Components

Recruitment/Selection

The teams participating in this course came from 3 very different parts of the world (Egypt, Mexico and Uganda). Ensuring productive interaction and communication between these distinct cultures was both a challenge and a very rewarding positive outcome of the LME course experience. Discovering the similarities and exploring the differences between languages, religions and cultures plays an important role in obtaining a deeper understanding of many aspects of human behavior, including some which are directly related to lactation management education, such as problem solving, the learning process and

overcoming barriers to change. This positive and educational interaction occurred despite the fact that some members of the team from Mexico were not fluent in English. Fortunately, this did not appear to create a communication barrier between the teams or cause the Mexican team to have a major problem with understanding course content.

The discipline of medical social work, never before represented in the LME Program, was represented by a member of the Mexican team during this course. Though much of the information provided during the course was undoubtedly too technical, patient-care-oriented and basic science-related for someone with a social work background, it was felt that this social worker learned much that will help her become a highly motivated and useful addition to her team.

Though the Ugandan and Mexican groups are true multidisciplinary teams, the 4 Egyptians represented 3 different institutions (2 in Cairo and 1 in Assiut). The Egyptians did appear to get a lot out of the course. They do have the advantage of following previous LME Program participants from Egypt and they have the further advantage of belonging to the very active Alhazar University-based Friends of Breastmilk Society. However, they will have to work hard to overcome the handicap of not being one complete team or full multidisciplinary teams from each of the 3 participating institutions.

Since the teams participating in this course came from three separate countries with three different funding mechanisms, the logistics of getting ready to leave the country and of traveling to San Diego was quite different for each group. This can be an issue of concern if the overall course experience differs substantially from team to team and the resulting expectations and attitudes of each team diverge to any great extent. For example, the Egyptian group came through the AMIDEAST program of Partners for International Education and Training. This meant that they entered and left the country through Washington, D.C. and that they were provided with both an in-depth, formal orientation and debriefing. In addition, they were provided with the opportunity to select and receive, at no charge, a journal subscription. These additional experiences and materials potentially create a situation of inequality among participating teams which may or may not be problematic. In this particular case, no adverse consequences appear to have occurred. Although we are not recommending that such helpful programs not be used or that all participants should receive completely identical treatment, it is our recommendation that we remain sensitive to the potentially negative results that such differences in

handling teams can create. In addition, we must strive to provide all participants with the same high level of attention and program content whenever possible.

Education/Motivation

The formal course syllabus which was first used during the previous 4-week course was modified and improved. Additional materials were included, information was updated and format changes were made to increase the usefulness of the document. Course participants found the syllabus to be quite helpful and easy to use. The only complaint was with its bulk and weight. This problem will be addressed in all future courses.

Several modifications to the course curriculum were made for this course. A full afternoon was devoted to each of the topics of Breastfeeding, Fertility and Child Spacing and Breastfeeding and the Preterm Infant. In both cases the topic area was divided into two or more subsections, with separate faculty presenting each subsection. An additional period of time for panel discussion and a question/answer session was set aside to allow for appropriate interchange of ideas and perspectives, not only between and among the participants and the faculty but between the several faculty presenting in the same topic area. This approach worked particularly well in the fertility and child spacing topic area and the approach will be retained and utilized further in this and perhaps additional topic areas.

Visits to Wellstart by several key people working in the field of international maternal and child health which happened to coincide with this course allowed the participants an opportunity to meet and interact with important contacts that they otherwise might never have had the chance to meet. Gayle Gibbons, the Director of the Clearinghouse on Infant Feeding and Maternal Nutrition and Editor of the newsletter Mothers and Children, was able to meet with participants and share information on the Clearinghouse and newsletter. For most of these health professionals, this was the first time they had heard of these important and useful resources. Hadi Pratomo, the Executive Director of the Indonesian Society for Perinatology (PERINASIA), spent several days at Wellstart sitting in on course activities and interacting in various ways with the group. Margaret Kyenkya, the Infant Feeding Project Officer for UNICEF, also spent several days sitting in on course activities. In addition, Ms. Kyenkya provided a formal presentation to the group entitled "Breastfeeding Promotion and UNICEF's Child Survival Programs". She also participated actively in several other presentations and

discussions including one on the WHO Code of Marketing and Professional Roles and Responsibilities in Breastfeeding Promotion.

Last, because the aim of the farewell banquet was expanded to include honoring Dr. and Mrs. Derrick Jelliffe from the UCLA School of Public Health for their years of pioneering efforts in breastfeeding promotion and protection, the Jelliffes were able to spend a fairly substantial portion of time with the LME Program participants. Not only did they participate as listeners and critiquers of the participant teams' action plans during the formal presentation of plans on the last day of the course, but they were able to spend some relaxed and protected time interacting with individual participants during the following afternoon and evening activities. Of course, this kind of interaction and communication is important, not only for the visitors to see and understand Wellstart's LME Program in action, but for the participants as well, to meet key people, learn from their experiences and perspectives and thereby expand and enhance the overall learning experience.

A new system was initiated during this course whereby a Wellstart clinical faculty is assigned to each team before the course begins. This Wellstart faculty liaison can then act as a resource person for the team throughout the course, answering questions, assisting with development of the team's action plan, assisting with the team's teaching resource review and selection efforts, etc. This liaison system will be expanded and improved upon in future courses to insure that optimum utilization of the Wellstart liaison by participating teams occurs.

III. Recommendations for the Future

Uganda

Summary of Action Plan: At the conclusion of the 4 week LME course, the Ugandan team identified four areas that need to be addressed in an effort to help promote and protect breastfeeding and successful weaning in Uganda. These problem areas are:

1. "Attitude". Many health care workers do not view the promotion of breast feeding as an issue that warrants special attention, since almost all mothers in Uganda breastfeed their infants.
2. "Service". Although the majority of mothers in Uganda initiate breastfeeding, the duration of breastfeeding is

decreasing. This may be in part attributed to the lack of support/service for mothers due to the current adverse political, social and economic conditions in Uganda.

3. "Education/Training". Students at Makerere University Medical School are trained to understand the science of lactation based on anatomy and physiology. However, their training has not included practical, hands-on experience in lactation management.
4. "Research". Due to limited funds, support, resources and personnel, the Ugandan team is severely limited in its ability to conduct important scientific studies on breastfeeding and weaning practices.

In an effort to address the above problem areas, the Ugandan team has proposed a three-part action plan to conduct a research project, to establish a lactation clinic, and to develop mobile education seminars. The research component of the plan will help ascertain current breastfeeding and weaning practices in Uganda. The lactation clinic and the mobile education seminars will serve a two-fold purpose: they will provide a service to mothers by promoting breastfeeding and sound weaning practices, and they will assist in the education and training of health care workers and medical students in practical lactation management. When all three aspects of their plan are combined, positive attitudes toward actively protecting and promoting breastfeeding and successful weaning practices will also increase.

Impressions: The Ugandan team is highly motivated to achieve its action plan, but at the present time their efforts are hindered by barriers beyond their control. Because of the terrible economic situation in Uganda, the team members are over-committed to numerous professional responsibilities. An office staff resource would be a necessary addition to the team. This person could assist in coordinating the team's activities, as well as provide much needed clinical and administrative assistance and support. In addition, there is a great need for basic audio-visual equipment and supplies for teaching purposes as follows:

- camera for slide preparation
- film
- 35mm slide projector
- screen
- overhead projector
- transparencies & pens

A photocopy machine with the corresponding supply of copy paper is also necessary for all administrative, teaching, service and research activities. General basic office supplies, such as pens, pencils, paper, etc. are also lacking, and quite essential to the team's successful implementation of their action plan.

Conclusion: The Ugandan team is extremely motivated and committed to successfully achieving the action plan they have developed. Though they are limited by a lack of time, staff and resources, they are dedicated to promoting and protecting breastfeeding and successful weaning with minimal assistance and support. The Ugandan team has the power and the energy to successfully implement their action plan. Without the staff resource, equipment and supplies listed above, however, the Ugandan team's efforts will be severely limited and much less effectual than they have the potential to be.

Mexico

Summary of Action Plan: Upon completion of its one-month course at Wellstart, the Mexican team was proposed an investigation which will be sponsored by The Population Council and the La Leche League of Mexico. The proposed original investigation is entitled "Evaluation of a Hospital Program for the Management of Breastfeeding and Its Impact on the Infant Nutrition in that Population". Two additional investigators include Dr. Susan Vandale and Lic. Jane Bravo.

The purposes of the project are:

1. To establish the relationship between prenatal breastfeeding education and maternal success in breastfeeding.
2. To create a long-term institutional base for future lactation promotion activities.

The ultimate goals are to increase the incidence and duration of breastfeeding in the target group of primiparas.

The methodology will be as follows:

- A) Complete a baseline study of breastfeeding rates.
- B) Select the study group which must meet the following criteria:

1. Primagravidas who plan to B.F.
2. Primagravidas who must be 32 weeks gestation or more.
3. No "high risk" features of pregnancy.
4. Vaginal deliveries.
5. Healthy term infant at delivery.

"Success" will be determined by the duration of breastfeeding (not specified whether exclusive or partial), infant growth, and episodes of diarrhea.

Impressions: The team's plan was presented to Wellstart staff and selected invited guests who provided several constructive suggestions for the team's consideration. The team was strongly cautioned that patient education alone has not, in the past, been very effective in changing breastfeeding indicators. The added dimensions of hospital staff education and social marketing ("prestige" for breastfeeding) were most strongly recommended. The additional consideration of formula marketing influences was also suggested. Other comments centered around the need for specific "definitions" of 'breastfeeding', 'bottle feeding', 'mixed feeding' and 'supplementation'.

The presentation for this specific research project focuses on a narrow aspect of this team's sphere of influence. This project is limited to a small group of patients, who, in turn, have a limited impact on other mothers. The time frame is strictly limited to one year. Since this team represents the first such team from Mexico City, it is important that the team's scope of influence be as great as possible and that its limited resources be used efficiently and effectively.

The following recommendations are made with these aims in mind:

1. The current proposed project should be broadened beyond patient education.
2. Further assistance from other agencies (esp. the Population Council) regarding the current study design is needed.
3. The team needs a long-term, integrated plan to coordinate and sustain its activities for maximal impact.
4. The team needs to recognize its own unique capabilities and power to effect change.
5. Time commitments from each team member for breastfeeding activities should be identified and obtained.

6. Administrative and financial support for the time designated for breastfeeding activities should be identified and obtained.
7. Stronger links with local resource agencies (e.g. AID Mission, Ministry of Health, Breastfeeding Promotion Task Force, Population Council, La Leche League of Mexico, etc.) should be formed to "promote" and advertise the existence of this team and to enhance the team's efforts.
8. Members of the team should be available as technical advisors to policy-forming bodies to share their in-depth knowledge and expertise in this complex subject matter. This can be facilitated via No. 6 above.
9. The members should use any personal and professional contacts they have to promote breastfeeding, the resource team and breastfeeding activities.
10. The team members should focus on serving as a technical resource to other professionals, since they carry the qualifications and credentials to do so.
11. Ongoing support, guidance, and technical assistance from Wellstart, The Population Council, USAID and the home institution (Hospital General de Mexico) should be provided to further define roles, goals, methods, activities and projects in a stepwise manner.

Conclusion: This team, whose members have substantial medical/professional credentials, has now attained an additional level of accomplishment through in-depth lactation management training. The team members are, collectively and individually, motivated, skilled, bright, hardworking, and influential. With ongoing support, guidance and technical assistance as described above, their accomplishments can be far-reaching and long-term.

Egypt

Summary of Action Plan: The two teams from Egypt represented two cities and three institutions. At the conclusion of the four-week course at Wellstart, the two teams presented their plans to the Wellstart faculty and selected guests. Both teams worked in a collaborative fashion in designing their programs. The team from Cairo will focus on education and promotion. The team from Assiut on research.

Cairo: Educational programs directed at health professionals will target representatives from the fields of obstetrics/gynecology, pediatrics, public health, nursing and social work. Training will include both didactic sessions and clinical experiences. Selected graduates of this initial training will receive more intensive instruction and on a part-time basis act as "breastfeeding representatives." Their responsibilities in this new role will include travel to local hospitals and clinics to promote breastfeeding and provide educational materials to health professionals and mothers. In this capacity, they will act much the same as pharmaceutical company representatives do in the promotion of their product.

The core faculty trained at Wellstart, along with selected professors, will develop a "flying team." This team will be available to travel on a regular basis to each county in Egypt to provide ongoing education and technical assistance. Through their university affiliation and teaching responsibilities, efforts will be made to include lactation and breastfeeding in medical, nursing and social work student curriculum. Additional postgraduate seminars will also be included during the clinical rotation of housestaff at each institution.

Education of community leaders will include short programs in Arabic for secondary school teachers, social workers, and religious leaders. Promotion and educational efforts for the general public will involve utilization of the media: radio, television, women's magazines, newspapers, and posters. Efforts will also be made to seek involvement of a well-known female personality willing to act as a spokesperson for breastfeeding promotion. Ongoing monitoring and evaluation of these activities is planned as an integral part of the program.

Assiut: Clinical research is the focus of this team's plan. The goal of the investigation is to determine the effect of improved breastfeeding knowledge (of the mother) on maternal and infant health. Several outcomes will be considered; infant morbidity and mortality; maternal postpartum blood loss and anemia; duration of exclusive breastfeeding; and resumption of fertility. The prospective study will follow 600 healthy mother-baby pairs (who meet strict inclusion criteria) over a six-month period. Follow-up will include a total of seven visits, to the outpatient clinic or at home, and will include evaluation of mother and baby by examination and interview. The anticipated duration of the study is one year, and will involve additional personnel (3 physicians, 2 nurses, 2 social workers, two secretaries). In addition, the Assiut team will participate in selected educational activities conducted by the Cairo team.

Impressions: The educational activities planned by the Cairo team will require administrative and material support in the following areas:

Administrative

1. Planning
2. Publicizing
3. Recruitment
4. Communication
5. Registration of participants
6. Facility rental and management
7. Transportation to the training site
8. Postage
9. Per diem
10. Honoraria

Teaching Resources

1. Graphics
2. Printing
3. Photocopying
4. Slide/Audiovisual preparation
5. Audiovisual equipment (available and in proper working condition).

The more intensive role played by the "breastmilk representatives" and members of the "flying team" may require special incentives or compensation to help ensure enthusiastic and ongoing participation in these more innovative but time-consuming interventions.

Administrative and material support in the following areas are also recommended to strengthen and enhance the Assiut team's efforts.

1. Personnel: Additional staff or redistribution of existing responsibilities.
2. Education: Education of the research team in methods and study design and in basic lactation and breastfeeding management.
3. Transportation: Funds to cover costs for mothers to travel to clinic, or member of research team to travel to subjects' homes.
4. Equipment: Infant scale, adult scale, supplies for maternal blood sampling, electric breast pump, etc.
5. Laboratory: Evaluation of maternal serum-prolactin progesterone levels and hemoglobin.

Funding for such support may be sought from various sources. The Society of Breastmilk Friends, local educational institutions, community and religious organizations, PVO's, governmental agencies (local and national) and/or the USAID Mission may be willing and able to assist in providing such necessary follow-on support in an effort to make sure that these valuable resource teams function to their full potential.

Conclusion: The overall plan developed by these two teams is quite ambitious with potential for far-reaching positive effects on the incidence and duration of breastfeeding throughout Egypt. Their approach, which is quite comprehensive in scope, will require a considerable commitment of time for further planning, implementation, monitoring and evaluation. To the extent possible, each team member should have time designated within their current job responsibilities to dedicate to participation in these important activities.

Utilizing the knowledge and experience of previous Wellstart graduates (three from the class of August/September 1986) as additional participants in planned activities would help develop a more comprehensive, national resource. A major priority should thus be to establish and maintain a mechanism for regular and ongoing communication among all Egyptian Wellstart Program participants to help ensure a well-integrated national program.

One possible method would be through the Egyptian Society of Breastmilk Friends, to which many of the Wellstart graduates belong.

The research activities planned at Assiut involve an extensive commitment of personnel and resources. Before implementation of a study of this magnitude, it would be advisable to develop more detailed methods, protocols and evaluation mechanisms, including provision for appropriate statistical analysis. The Assiut team should also be encouraged to plan and conduct professional educational programs within their own institution and within their current job responsibilities, so that their knowledge and skills will be shared and sustained long after completion of their planned study. The team should continue to communicate and work with their colleagues in Cairo to promote and protect breastfeeding throughout Egypt. They should not let their scope become narrow nor their team become isolated. With the data collected through their planned study, with the motivation and expertise they now have, and with appropriate assistance, guidance, and support, both teams from Egypt have the potential to accomplish a great deal.

Appendix 1
List of Participants

Wellstart
Lactation Management Education Program
August 29 - September 23, 1988

Participant List

Mexico

Dr. Jesus Armando Montaña Uzcanga
Obstetrician and Gynecologist
General Hospital of Mexico City

Dr. Horacio Liborio Reyes Vazquez
Pediatrician
General Hospital of Mexico City

Dr. Emma Lopez Marroquín
Pediatrician
General Hospital of Mexico City

Yolanda Guillén Garcia
Nurse
General Hospital of Mexico

Monica Gabriela Angulo Jimenez
Medical Social Worker
General Hospital of Mexico City

Egypt

Dr. Abdullah Ahmed El Fouli
Pediatric Cardiology Specialist
Al Azhar University, Cairo

Dr. Soliman Mohamed Ahmed
Pediatrician
Al Azhar University, Cairo

Dr. Hosam Thabet Salem
Obstetrician - Gynecologist
Assiut University, Assiut

Awatef El-Sayed
Pediatric Nurse
Higher Institute of Nursing
Assiut University, Assiut

Uganda

Dr. Charles Matovu
Obstetrician - Gynecologist
Mulago Hospital
Makerere University

Dr. Clemensia Nakabiito
Obstetrician - Gynecologist
Mulago Hospital
Makerere University

Dr. Gelasios Mukasa
Pediatrician
Mulago Hospital
Makerere University

Dr. Doreen Gihanga
Community Physician
Save the Children Fund
Mother and Child Health Services
in Kampala City Council Clinics

Helen P. Mateega
Senior Health Nurse - Midwife
MCH Coordinator
Department of Pediatrics
Mulago Hospital
Makerere University

Miriam N. Walusimbi
Nursing Officer - Nutritionist
Ministry of Health
Mulago Hospital
Makerere University

Appendix 2
Course Schedules

Wellstart/San Diego Lactation Program
Lactation Management Education Program
August 29 - September 23, 1988
Week I

MONDAY AUG 29	TUESDAY AUG 30	WEDNESDAY AUG 31	THURSDAY SEPT 1	FRIDAY SEPT 2
8:30 Escort to Wellstart and Tour of Facilities		8:30 - 9:45 Wellstart Staff Meeting		8:15 - 9:45 HOSPITAL ROUNDS (Classroom 8:15) Angulo El-Sayed Montaño Gihanga El Fouli Walusimbi
9:30 - 11:00 General Orientation to Program	10:00 - 12:30 Breastfeeding and Child Survival - A. Naylor	10:00 - 11:15 Anatomy and Physiology of Lactation - N. Powers	10:00 - 12:30 Issues Impacting Successful Lactation and Breastfeeding, Part II - R. Wester - L. Berthold	10:00 - 1:00 CLINICAL EXPERIENCES Lactation Clinic (Clinic House 9:45) Lopez El-Sayed Gihanga
11:15 - 1:30 Opening Session and Team Presentations		11:30 - 12:00 Additional Basic Science Review - A. Naylor		Home Visit (Clinic House 9:45) El Fouli Montaño Guillen Nutrition Counseling (Joyce's Office 9:45) Matovu Soliman Mateega Breast Examination Simulation (Classroom 10:00) Reyes Angulo Nakabiito Salem Walusimbi Mukasa
	12:30 - 1:30 LUNCH	12:00 - 1:00 LUNCH	12:30 - 1:30 LUNCH	1:00 - 2:00 LUNCH
	1:30 - 3:00 Allergy Prevention and Breastfeeding - R. Hamburger	1:00 - 3:00 Management of Successful Breastfeeding - R. Wester - L. Berthold	1:30 - 2:45 Maternal Nutrition - J. Marshall 3:00 - 5:00 Infant Nutrition and Weaning - J. Marshall	2:00 - 3:30 Drugs and Contaminants - P. Anderson 3:45 - 4:45 Jaundice - N. Powers
		3:15 - 5:30 Issues Impacting Successful Lactation and Breastfeeding, Part I - R. Wester - L. Berthold	5:00 - 6:00 Orientation to Clinical Experiences - Staff	

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Wellstart/San Diego Lactation Program
Lactation Management Education Program
August 9 - September 23, 1988
Week II

MONDAY SEPT 5	TUESDAY SEPT 6	WEDNESDAY SEPT 7	THURSDAY SEPT 8	FRIDAY SEPT 9
L A B O R D A Y H O L I D A Y	9:00 - 10:45 Slow Gain/ Insufficient Milk Syndrome - N. Powers	8:15 - 9:45 HOSPITAL ROUNDS (Classroom 8:15) Reyes Salem Guillén Matovu Soliman Mateega	8:15 - 9:45 HOSPITAL ROUNDS (Classroom 8:15) Lopez Angulo Nakabiito El Fouli Mukasa El-Sayed	8:30 - 9:45 Wellstart Staff Meeting
	11:00 - 12:00 Neonatal Oral Neuro- developmental Evaluation - K. Rouma	10:00 - 11:30 Maternal/Infant Separation - L. Berthold	10:00 - 11:30 Maternal/Infant Separation - L. Berthold	10:00 - 1:00 CLINICAL EXPERIENCES/ AUDIOVISUAL REVIEWS Lactation Clinic (Clinic House 9:45) Lopez Matovu Soliman Mateega
		11:30 - 12:30 Discussion and Review - Staff	Home Visit (Clinic House 9:45) Reyes Nakabiito Walusimbi	Growth Monitoring (Classroom 9:45) El Fouli Matovu Montaño Soliman Guillén Mateega Angulo Salem Mukasa
			Nutrition Counseling (Joyce's Office 9:45) Angulo Salem Mukasa	Independent Study Session Reyes Nakabiito Walusimbi
			Breast Examination Simulation (Classroom 10:00) Lopez El-Sayed Gihanga	
			MOD/IALC Slide Set Reviews (Library 10:00) El Fouli Montaño Guillén	
	12:00 - 1:00 LUNCH	12:30 - 1:30 LUNCH	1:00 - 2:00 LUNCH	12:30 - 1:30 LUNCH
	1:00 - 2:00 Breastfeeding, Fertility and Child Spacing, Part I - E. Hanson	1:30 - 3:00 Breastfeeding and the Preterm Infant, Part I - P. Bromberger	2:00 - 3:30 Growth Monitoring - J. Marshall	1:30 - 4:30 CLINICAL EXPERIENCES/ AUDIOVISUAL REVIEWS Housestaff Rounds (Classroom 1:30) Montaño Guillén Reyes Angulo Lopez
	2:15 - 3:15 Breastfeeding, Fertility and Child Spacing, Part II - S. Wishik	3:15 - 4:00 Breastfeeding and the Preterm Infant, Part II - R. Wester	3:45 - 5:00 Orientation to Program Planning Assignment - Staff	Video Reviews (Classroom 1:30) Matovu Walusimbi Gihanga Mukasa Mateega Nakabiito
	3:30 - 4:30 Panel Discussion - E. Hanson - S. Wishik	4:00 - 5:00 Film: "Feeding Low Birth Weight Babies"		Video Reviews (Library 1:30) El Fouli Soliman Salem El-Sayed

Wellstart/San Diego Lactation Program
Lactation Management Education Program
August 29 - September 23, 1988
Week III

MONDAY SEPT 12	TUESDAY SEPT 13	WEDNESDAY SEPT 14	THURSDAY SEPT 15	FRIDAY SEPT 16
8:15 - 9:45 HOSPITAL ROUNDS (Classroom 8:15) Montaño Reyes Gihanga Soliman Walusimbi Salem	8:15 - 9:45 HOSPITAL ROUNDS (Classroom 8:15) Guillén Lopez Matovu Nakabiito Mateega Mukasa	7:00 Depart from San Diego 8:00 - 12:00 Comparative Lactation Field Trip to the San Diego Wild Animal Park	8:00 - 12:00 USC/LAC Breastfeeding Babies Clinic	8:30 - 9:45 Wellstart Staff Meeting
10:00 - 11:00 Induced and Relactation - E. Jones - A. Naylor	10:00 - 1:00 CLINICAL EXPERIENCES Lactation Clinic (Clinic House 9:45) El Fouli Montaño Guillén			10:00 - 1:00 CLINICAL EXPERIENCES Lactation Clinic (Clinic House 9:45) El Fouli Matovu Montaño Soliman Guillén Mateega
11:00 - 11:45 Contraindications - M. Powers	Home Visit (Clinic House 9:45) Angulo Salem Mukasa			Growth Monitoring (Classroom 10:00) Lopez Reyes El-Sayed Nakabiito Gihanga Walusimbi
11:45 - 12:45 AIDS and Breastfeeding - M. Powers	Nutrition Counseling (Joyce's Office 9:45) Reyes Nakabiito Walusimbi			Independent Study Session Angulo Salem Mukasa
	Breast Examination Simulation (Classroom 10:00) Matovu Soliman Mateega			
	Independent Study Session Lopez El-Sayed Gihanga			
12:45 - 1:30 LUNCH	1:00 - 1:30 LUNCH	12:00 - 1:00 LUNCH	12:00 - 1:00 LUNCH	1:00 - 2:00 LUNCH
1:30 - 4:30 CLINICAL EXPERIENCES/ AUDIOVISUAL REVIEWS Housestaff Rounds (Classroom 1:30) El Fouli Salem Soliman El-Sayed	1:30 - 2:30 Film: "Amazing Newborn" 2:30 - 4:00 Psychosocial Development - S. Dixon	1:00 - 2:00 Discussion 2:30 Depart for Los Angeles	1:00 Depart for San Diego	2:00 - 4:30 Case Management Review Session - Staff
Video Reviews (Library 1:30) Montano Reyes Lopez Guillen Angulo	4:15 - 5:15 Comparative Lactation - A. Naylor			4:30 - 7:30 Teaching Resources Review and Selection
Video Reviews (Classroom 1:30) Matovu Gihanga Mateega Walusimbi Mukasa Nakabiito				

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Appendix 3
Faculty and Staff List

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WELLSTART
THE SAN DIEGO LACTATION PROGRAM

Lactation Management Education Program

August 29 - September 23, 1988

Faculty

Core

Laurie Berthold, RN, CPNP, MPH
Pediatric Nurse Practitioner
Wellstart
San Diego, California

Joyce Marshall, PhD, RD
Perinatal Nutritionist
Wellstart
San Diego, California

Audrey Naylor, MD, DrPH, FAAP
Co-Director
Wellstart
San Diego, California

Nancy Powers, MD, FAAP
Director, Professional Services
Wellstart
San Diego, California

Ruth Wester, RN, BA, CPNP
Co-Director
Wellstart
San Diego, California

Adjunct

Philip Anderson, PharmD
Director, Drug Information Service
UCSD Medical Center
San Diego, California

Katherine Bouma, OT
Occupational Therapist
UCSD Medical Center
San Diego, California

Patricia Bromberger, MD
Neonatologist, Special Care Nursery
Kaiser Permanente Medical Center
San Diego, California

Gabriel Chong, MD
Director
Hospital ISSSTECALI
Tijuana, Mexico

Suzanne Dixon, MD, FAAP
Medical Director, Newborn Nursery
Associate Professor of Pediatrics
UCSD School of Medicine
San Diego, California

Kitty Frantz, RN, PNP
Director, Breastfeeding Infants Clinic
LAC/USC Medical Center
Los Angeles, California

Robert Hamburger, MD
Professor of Pediatrics
Division of Allergy and Immunology
Department of Pediatrics
UCSD School of Medicine
La Jolla, California

Elaine Hanson, MD
Assistant Professor of Reproductive Medicine
UCSD School of Medicine
San Diego, California

Derrick B. Jelliffe, MD, FRCP, FAAP
Professor of Public Health and Pediatrics
Head, Division of Population, Family and
International Health
UCLA School of Public Health
Los Angeles, California

E.F. Patrice Jelliffe, MPH, FRSH
Lecturer and Associate Researcher
Division of Population, Family and
International Health
UCLA School of Public Health
Los Angeles, California

Elizabeth Jones, RD, MPH
Pediatric Nutrition Consultant
Wellstart/San Diego Lactation Program
San Diego, California

Larry Killmar
Curator of Mammals
San Diego Wild Animal Park
Escondido, California

Margaret Kyenkya
Project Officer - Infant Feeding
UNICEF
New York, New York

Samuel Wishik, MD, MPH
Professor
Division of Maternal and Child
Graduate School of Public Health
San Diego State University
San Diego, California

Administrative Staff

**Lynn Brown, MPA
Director, Admin. Services**

**Trudy Dixon
Volunteer Aide**

**Patricia Gage, MA, RD
Staff Assistant II**

**Lisa M. Galerno
Accountant**

**Bart Johnson
Word Processor**

**Monica King
Staff Assistant II**

**Eunice Konold
Billing Services Coordinator**

**Marisa Pertierra
Administrative Assistant**

**Jean Reynolds
Staff Assistant I**

**Janine Schooley, MPH
Education Program Manager**

Appendix 4
Pre/Post Test Summary

WELLSTART

Lactation Management Education Program

29 August - 23 September 1988

Pre- and Post-Test Summary

Reg	Disc	Name	PRE - TEST				POST - TEST				% Improvement Between Pre-Test and Post-Test
			# Incorrect	# Omitted	# Correct	% Correct	# Incorrect	# Omitted	# Correct	% Correct	
E	Ped	Soliman Mohamed Ahmed	6	0	9	60	6	0	9	60	0
E	Ped	Abdullah Ahmed Elfouli	4	0	11	73	4	0	11	73	0
E	RN	Awatef El-Sayed	12	2	3	20	7	0	8	53	
M	RN	Yolanda Guillen Garcia	9	5	6	40	7	2	8	53	13
U	Ped	Dr. Dorren Gihanga	7	0	8	53	5	0	10	67	14
M	Oth	Monica Gabriela A. Jimenez	12	5	3	20	8	0	7	47	27
M	Ped	Emma Lopez Marroquin	5	0	10	67	1	0	14	93	26
U	RN	Helen P. Mateega	11	5	4	27	7	1	8	53	26
U	Ob	Charles Matovu	6	1	9	60	2	0	13	87	27
U	Ped	Gelasios Mukasa	6	0	9	60	5	2	10	67	7
U	Ob	Clemensia Nakabiito	6	4	9	60	2	0	13	87	27
E	Ob	Hosam Thabet Salem	5	0	10	67	4	0	11	73	6
M	Ob	Jesus Armando Montaño Uzcaga	8	1	7	47	1	0	14	93	46
M	Ped	Horacio Liborio Reyes Vazques	4	1	11	73	2	0	13	87	14
U	RN	Miriam N. Walusimbi	12	0	3	20	7	0	8	53	33
Averages			7.5	1.6	7.5	49.8%	4.5	0.3	10.5	69.7%	19.9%

Discipline	PRE - TEST				POST - TEST				% IMPROVEMENT BETWEEN PRE-TEST and POST-TEST					
	Region	Egypt	Mexico	Uganda	Discipline Average	Region	Egypt	Mexico	Uganda	Discipline Average	Egypt	Mexico	Uganda	Discipline Average
MD		67	62	58	62.0		69	91	77	78.7	62			16.7
Ped		60	67	53	64.3		60	93	67	74.5	0	26	14	10.2
		73	73	60			73	87	67		0	14	7	
Ob		67	47	60	58.5		73	93	87	85.0	6	46	27	26.5
				60					87				27	
RN		20	40	27	26.8		53	53	53	53.0	33	13	26	26.2
				20					53				33	
OTHER			20		20.0			47		47.0		27	27	47.0
Country Average		55	49.4	46.7			64.8	74.6	69		9.8	25.2	22.3	

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Appendix 5

Summary of Overall Course Evaluations

SCALES USED FOR SEMINAR CRITIQUE AND OVERALL COURSE EVALUATION RATINGS

- | | |
|----------------------------------|----------------------------------------------------|
| 1 - Usefulness | 5 = very useful
0 = not useful |
| 2 - Presentation | 5 = well presented
0 = not well presented |
| 3 - Quantity | 5 = too much presented
0 = not enough presented |
| 4 - Number of Sessions | 5 = too many
0 = not enough |
| 5 - Number of Patients | 5 = too many
0 = not enough |
| 6 - Assignment Length | 5 = too long
0 = too short |
| 7 - Assignment Difficulty | 5 = easy to read
0 = hard to read |
| 8 - Ease of Use | 5 = very easy to use
0 = not easy to use |
| 9 - Helpfulness | 5 = very helpful
0 = not helpful |
| 10 - Understandable | 5 = very understandable
0 = not understandable |
| 11 - Reading in English | 5 = easy to read
0 = very difficult |
| 12 - Speaking in English | 5 = easy to speak
0 = very difficult |
| 13 - Hotel/Meeting Room Adequacy | 5 = very adequate
0 = not adequate |
| 14 - Increase in Knowledge | 5 = very much
0 = not at all |

LEGEND

MD	= All Physicians
Ped	= Pediatrician
Ob	= Obstetrician
Oth	= Other Physicians
N	= Nurse
MSW	= Medical Social Worker

WELLSTART
Lactation Management Education Program
29 August - 23 September 1988

OVERALL COURSE EVALUATION

Summary of Ratings

	<u>MD</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth</u>	<u>N</u>	<u>MSW</u>	<u>Average</u>	<u>Total</u>
B. <u>Clinical Experiences</u>								
1. <u>Hospital Rounds</u>								
Usefulness ¹	3.7	3.8	3.5	4.0	4.8	5.0	4.1	
Number of Sessions ⁴	3.0	3.5	3.0	2.0	2.8	5.0	3.1	
Number of Patients ⁵	2.0	1.8	2.3	2.0	2.3	5.0	2.3	
2. <u>Oral Motor Assessment</u>								
Usefulness ¹	4.3	4.4	4.3	4.0	4.3	5.0	4.3	
Number of Sessions ⁴	2.5	2.4	2.8	2.0	3.3	5.0	2.9	
Number of Patients ⁵	2.1	1.8	2.5	2.0	2.8	5.0	2.5	
3. <u>Lactation Clinic</u>								
Usefulness ¹	4.2	4.6	3.8	4.0	4.8	5.0	4.4	
Number of Sessions ⁴	2.8	2.6	3.0	3.0	3.3	5.0	3.1	
Number of Patients ⁵	2.4	2.2	2.8	-	3.0	5.0	2.8	
4. <u>Home Visit</u>								
Usefulness ¹	3.5	3.2	3.0	2.0	4.5	4.0	3.8	
Number of Sessions ⁴	2.1	2.2	2.0	2.0	2.3	4.0	2.3	
Number of Patients ⁵	1.5	1.6	1.5	1.0	2.5	4.0	1.9	
5. <u>Nutrition Counseling</u>								
Usefulness ¹	4.1	4.6	3.8	3.0	4.5	5.0	4.3	
6. <u>Growth Monitoring</u>								
Usefulness ¹	4.1	4.6	3.8	3.0	4.3	5.0	4.2	
7. <u>Breast Examination</u>								
<u>Simulation ("Betsi-Breast")</u>								
Usefulness ¹	3.6	4.2	3.3	2.0	4.0	3.0	3.7	

	<u>MD</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth</u>	<u>N</u>	<u>MSW</u>	<u>Average</u>	<u>Total</u>
8. <u>House Staff Rounds</u>								
Usefulness ¹	3.3	4.3	2.8	2.0	3.8	5.0	3.3	
9. <u>Video Reviews</u>								
Usefulness ¹	3.1	3.6	2.8	2.0	4.0	5.0	3.4	
10. <u>March of Dimes and TALC</u> <u>Slide Set Reviews</u>								
Usefulness ¹	3.4	3.0	4.0	3.0	3.5	5.0	3.5	
C. <u>Field Trips</u>								
11. <u>Tijuana Children's</u> <u>Hospital (ISSSTECALI)</u>								
Usefulness ¹	4.2	4.0	4.3	5.0	4.5	3.0	4.2	
12. <u>San Diego Wild Animal Park</u>								
Usefulness ¹	3.6	4.0	3.5	2.0	4.0	3.0	3.6	
13. <u>LAC/USC Breastfeeding</u> <u>Babies' Clinic</u>								
Usefulness ¹	3.6	3.8	3.5	3.0	4.5	5.0	3.9	
D. <u>Videotapes Shown During Seminars</u>								
14. <u>"Amazing Newborn"</u>								
Usefulness ¹	3.5	3.6	3.5	3.0	4.0	5.0	3.7	
15. <u>"Behavior of the Preterm Infant"</u>								
Usefulness ¹	3.2	3.6	2.8	3.0	4.0	5.0	3.5	
16. <u>"Feeding Low Birth-Weight Babies"</u>								
Usefulness ¹	4.4	5.0	4.0	3.0	4.5	5.0	4.5	

	MD	Ped	Ob	Oth	N	MSW	Average	Total
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E. Suggested Textbook Readings

17. Lawrence (Physicians)

Assignment Length ⁶	3.3	3.4	3.3	3.0	-	-	3.3	
Difficulty ⁷	4.3	4.6	3.7	5.0	-	-	4.3	
Usefulness ¹	4.6	4.8	4.3	-	-	-	4.6	
Use in Future?								
Yes	9	5	3	1	-	-		9
No	0	0	0	0	-	-		0
Not Answered	1	0	1	0	-	-		1

18. Helsing (Non-Physicians)

Assignment Length ⁶	-	-	-	-	3.7	4.0	3.8	
Difficulty ⁷	-	-	-	-	4.7	5.0	4.8	
Usefulness ¹	-	-	-	-	4.7	5.0	4.8	
Use in Future?								
Yes	-	-	-	-	3	1		4
No	-	-	-	-	0	0		0
Not Answered	-	-	-	-	1	0		1

19. Baer and Winikoff

Assignment Length ⁶	3.5	-	4.0	3.0	5.0	-	4.0	
Difficulty ⁷	4.0	-	4.0	4.0	4.0	-	4.0	
Usefulness ¹	3.5	-	4.0	3.0	2.5	-	3.0	
Use in Future?								
Yes	3	1	1	1	1	0		4
No	0	0	0	0	0	0		0
Not Answered	10	4	3	0	3	1		11

20. Child Survival Booklet

Assignment Length ⁶	3.4	3.2	3.8	3.0	3.7	3.4	3.5	
Difficulty ⁷	3.5	3.2	3.4	3.0	3.3	4.0	3.7	
Usefulness ¹	3.4	3.0	4.0	3.0	4.0	4.0	3.6	
Use in Future?								
Yes	7	3	3	1	3	1		11
No	0	0	0	0	0	0		0
Not Answered	3	2	1	0	1	0		4

MD Ped Ob Oth N MSW Average Total

21. Growth Monitoring Booklet

Assignment Length ⁶	3.1	2.5	3.7	3.0	4.5	4.0	3.6	
Difficulty ⁷	3.8	3.8	4.3	2.0	4.0	4.0	3.8	
Usefulness ¹	4.1	4.2	4.3	3.0	4.3	4.0	4.2	
Use in Future?								
Yes	8	4	3	1	4	0		12
No	0	0	0	0	0	0		0
Not Answered	2	1	1	0	0	1		3

22. The Growth Chart

Assignment Length ⁶	2.9	2.6	3.3	3.0	3.5	-	3.1	
Difficulty ⁷	4.0	4.2	3.7	4.0	4.3	-	4.1	
Usefulness ¹	4.1	4.4	3.7	4.0	4.0	-	4.1	
Use in Future?								
Yes	7	5	2	0	4	0		11
No	0	0	0	0	0	0		0
Not Answered	3	0	2	1	0	1		4

23. IPPF Booklet

Assignment Length ⁶	3.9	3.8	4.0	4.0	3.5	-	3.8	
Difficulty ⁷	4.4	4.5	4.5	4.0	3.5	-	4.2	
Usefulness ¹	4.0	4.3	3.5	4.0	4.0	-	4.0	
Use in Future?								
Yes	6	4	2	0	2	0		8
No	0	0	0	0	0	0		0
Not Answered	4	1	2	1	2	1		7

24. WHO Code of Marketing

Assignment Length ⁶	3.6	3.0	4.3	4.0	3.8	3.0	3.6	
Difficulty ⁷	3.7	3.6	3.8	4.8	3.8	3.0	3.7	
Usefulness ¹	3.9	3.8	4.0	4.0	4.0	3.0	3.9	
Use in Future?								
Yes	9	5	3	1	3	0		12
No	0	0	0	0	1	0		1
Not Answered	1	0	1	0	0	1		2

	<u>MD</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth</u>	<u>N</u>	<u>MSW</u>	<u>Average</u>	<u>Total</u>
25. <u>Protecting Infant Health</u>								
(Guide to WHO Code)								
Assignment Length ⁶	3.4	3.0	4.5	3.0	4.3	4.0	3.8	
Difficulty ⁷	3.6	3.8	3.5	3.0	4.8	4.0	3.8	
Usefulness ¹	3.9	3.8	4.5	3.0	4.3	4.0	4.0	
Use in Future?								
Yes	6	4	1	1	4	1		11
No	0	0	0	0	0	0		0
Not Answered	4	1	3	0	0	0		4
26. <u>Surgeon General's</u>								
<u>Workshop Report</u>								
Assignment Length ⁶	3.7	3.0	4.0	-	4.0	-	4.0	
Difficulty ⁷	4.0	5.0	3.5	-	5.0	-	4.3	
Usefulness ¹	3.3	4.0	3.0	-	5.0	-	3.8	
Use in Future?								
Yes	3	1	2	0	1	0		4
No	0	0	0	0	0	0		0
Not Answered	7	4	2	1	3	1		11
27. <u>Reprints</u>								
Assignment Length ⁶	3.7	3.2	4.7	3.0	4.0	4.0	3.8	
Difficulty ⁷	3.9	3.8	4.3	3.0	4.0	3.0	3.9	
Usefulness ¹	4.1	4.4	4.0	3.0	3.8	5.0	4.1	
Use in Future?								
Yes	6	5	1	0	4	1		11
No	0	0	0	0	0	0		0
Not Answered	4	0	3	1	0	0		4
<u>Miscellaneous Important Matters</u>								
28. <u>Syllabus</u>								
Ease of Use ⁸	4.8	5.0	4.5	5.0	4.8	5.0	4.8	
Helpfulness ⁹	4.8	5.0	4.5	5.0	4.5	5.0	4.7	

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29. Language

Understandable Lectures ¹⁰	4.3	4.4	4.0	5.0	4.3	5.0	4.3
Ease of Reading Material in English ¹¹	4.6	4.6	4.5	5.0	4.3	4.0	4.5
Ease of Speaking English ¹²	3.7	3.4	4.0	4.0	3.5	4.0	3.7

30. Hotel Accommodations

Adequacy ¹³	4.9	4.8	5.0	5.0	4.3	5.0	4.9
Use for Future Trainees?							
Yes	10	5	4	1	4	1	15
No	0	0	0	0	0	0	0
Not Answered	0	0	0	0	0	0	0

31. Transportation

Buses Adequate?							
Yes	6	4	2	0	3	0	9
No	2	0	2	0	0	1	3
Not Answered	2	1	0	1	1	0	3
Taxis Adequate?							
Yes	7	3	4	0	3	0	10
No	1	1	0	0	0	0	1
Not Answered	2	1	0	1	1	1	4

i. Overall Evaluation

32. Overall Quality of Education Program

Excellent	6	4	2	0	3	1	10
Very Good	3	1	1	1	1	0	4
Good	1	0	1	0	0	0	1
Fair	0	0	0	0	0	0	0
Poor	0	0	0	0	0	0	0

33. Usefulness of Training Multi-Disciplinary Teams¹

	4.6	4.6	4.8	4.0	4.3	5.0	4.5
--	-----	-----	-----	-----	-----	-----	-----

	<u>MD</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth</u>	<u>N</u>	<u>MSW</u>	<u>Average</u>	<u>Total</u>
34. <u>Increase in Knowledge</u> <u>About Breastfeeding</u> <u>and Lactation</u> ¹²	4.6	4.8	4.5	4.0	4.5	5.0	4.6	
35. <u>Would Recommend Program Be</u> <u>Provided for Other Doctors</u> <u>and Nurses from Developing</u> <u>Nations</u>								
Yes	10	5	4	1	4	1		15
No	0	0	0	0	0	0		0
Not Answered	0	0	0	0	0	0		0

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APPENDIX 2

PROPOSAL

1. TITLE:

ESTABLISHMENT OF A LACTATION TRAINING CENTER
AT THE FACULTY OF MEDICINE SIRIRAJ HOSPITAL,
MAHIDOL UNIVERSITY, BANGKOK, THAILAND

2. SUMMARY:

The development of a Lactation Training Center at the Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand, is proposed with concentration on four key areas of activity, i.e. training, information, service and research.

Training will be given to health personnel in the Ministry of Public Health from the highest level to the sub-district level throughout the country by echoing the training from one level to lower levels consecutively. Training will also be provided to medical and nursing students as well as residents in OBGYN and pediatrics.

An Information Center will be established to serve as a database, providing information on published articles on lactation and related subjects, as well as on drugs and contaminants in breast milk. The Center will also house a collection of books in its library and serve as a media bank providing audiovisual aids for use in training.

The service activities of the center will include breast-feeding management and consultation through Lactation Clinics and telephone helplines on working days.

Research activities of the Center will include solicitation of funds for research projects, co-ordination of research work, compilation of results and promotion of the use of the findings.

3. BACKGROUND:

Breast-feeding is the ideal way of providing not only the best food for the physical growth of infants, but also both immune and non-immune substances for protection against diseases. It also provides an opportunity for warm interaction between mother and child, thus creating bonding and attachment.

The contraceptive action of breast-feeding in the early postpartum period is well-documented. The reliability of breast-feeding as a contraceptive, though declining over time, continues to be very high among the exclusively nursing amenorrheic mothers. Breast-feeding can thus be used as an

auxilliary family planning method, especially for the areas where contraceptives are not well accepted or not easily accessible, i.e. in the southern provinces whose population are mostly Moslems or in remote areas of the country.

Although breast-feeding has been encouraged by the Thai Government for many years, initial efforts to promote breast-feeding were made on a small scale. A national program on breast-feeding was only developed in 1977, after studies led to a greater awareness of the nutritional status of Thai children.

In 1975 the Nutrition Division, Ministry of Public Health, conducted surveys in sample sites from the four regions of Thailand and discovered that the northeastern region suffered most from the problem of malnutrition, while the northern, southern and central regions suffered less (73, 65, 61.5 and 50 percent respectively). The percentage of deaths from malnutrition occurring in children under one year of age increased from 13 percent of all malnutritional deaths in 1961 to 18 percent in 1975.

In full awareness of the need to solve this problem, the Government included the campaign against malnutrition in the National Food and Nutritional Policy and Health Policy under the Fourth National Economic and Social Development Plan(1977-1981). Prime significance was attached to the issue of breast-feeding promotion and encouragement as a separate issue on its own. As a result, breast-feeding programs were given special attention and were subsequently implemented under the country's Health Care System at every level.

The Nutrition Division of the Department of Health, Ministry of Public Health, was the first to take the initiative in the area of breast-feeding promotion. In addition to campaigning by providing news and information to the public, the Division has organized training programs for various health personnel on nutrition and included the topic of breast-feeding in the curricula.

The Family Health Division, under the Department of Health, also has provided information on breast-feeding and included the topic in all of its training programs and annual refresher courses for health personnel during the past few years.

Of the academic institutions, all 7 government-owned Medical Schools and Nursing and Midwifery Schools have more or less included breast-feeding in their curricula.

There has also been close cooperation between the government and non-governmental sectors, including the Ministry of Public Health, Medical Schools, the Pediatric Society of Thailand, the Nutritional Association of Thailand, UNICEF and consumer protection groups in the campaign to promote, encourage and protect breast-feeding. Several seminars and workshops have also been organized for this purpose.

In January 1984, a team of medical staff from the Faculty of Medicine Siriraj Hospital, consisting of one pediatrician, one obstetrician and one nurse-midwife, attended a Lactation Training Program at WELLSTART in San Diego. Breast-feeding and lactation management activities, both within and outside the team's hospital, were thereafter initiated and implemented.

Within the hospital itself, changes in the hospital's policies were made with modifications in some of the previous practices and introduction of more appropriate practices in the hospital. The curricula for medical students, residents in OBGYN and Pediatrics, and student nurses were modified and the policies of rooming-in and avoidance of prelacteal feeding were introduced.

Other in-house activities included the organization of four two-day Workshop Seminars on Breast-feeding between October 1984 and June 1985 for 80 nurses in the Departments of OBGYN and Pediatrics and another 17 two-day Workshop Seminars on Breast-feeding between 1988 to 1989 for 600 nurses from the same Departments.

However, despite all efforts made by the team to introduce more appropriate policy and practices on breast-feeding, there has still been no initiation of breast-feeding soon after birth and the babies continue to be brought to their mothers for rooming-in approximately 6 hours after delivery.

Assistance has been extended to various other institutions outside the hospital, including the Nutrition and Family Health Divisions of the Department of Health, Ministry of Public Health as well as other hospitals, both within Bangkok and other provinces.

In 1984, four Workshop Seminars on Breast-feeding were organized, in cooperation with the Faculty of Public Health, Mahidol University, for 80 obstetricians, pediatricians and nurses from obstetric and pediatric services from nine major hospitals in Bangkok.

Another twenty-six workshops and seminars on Breast-feeding were held between 1985 to 1989 for pediatricians, obstetricians, nurses and other health personnel from the Ministry of Public Health.

In 1986, a presentation on Breast-feeding was given to 100 members of the Medical Association of Thailand. Four lectures and discussions on Lactation and related topics were subsequently given to medical staff, nurses and medical students of the Department of Pediatrics, Faculty of Medicine, at both the Chiangmai and Prince Songkla University.

One member of the team was appointed to a Committee to revise the Code of Marketing of Breast-milk Substitutes organized by the Food and Drugs Administration, Ministry of Public Health. Unfortunately, the Code is still being violated by all milk companies in the country.

Although promotion and protection of breast-feeding have been adopted as Thailand's national policy with the purpose of improving the health and nutritional status of Thai infants, and an enormous amount of work has been done towards this goal, most health personnel, especially those working at the community level with direct contact with the mothers in the villages, still lack sufficient knowledge on lactation to successfully assist mothers in breast-feeding and help them to identify problems and find appropriate solutions.

Results from even the most recent study in 1988 conducted by the Nutrition Division, Ministry of Public Health, and the Department of Pediatrics, Faculty of Medicine Siriraj Hospital on mothers' breast-feeding practices in the villages in 3 provinces around Bangkok revealed that 38.5 percent of nursing mothers breastfed their babies for the first time more than 36 hours after delivery, 41.1 percent discarded their colostrum, 10.4 percent received free formula samples from the hospitals or health centers and 32.9 percent purchased formula from the hospitals or health centers.

A Training Center on Lactation is, therefore, urgently required to providing training to health personnel throughout the country.

4. GOAL OF THE LACTATION TRAINING CENTER:

To improve the health and nutritional status of Thai infants and mothers and to extend the period of infertility

5. OBJECTIVES OF THE CENTER:

1. To provide training on the subjects of lactation and supplementary foods to health personnel involved in teaching or training as well as to staff involved in breast-feeding and family planning work, both in the Ministry of Public Health and other institutions
2. To serve as an Information Center on breast-feeding and lactation management
3. To provide service to lactating mothers
4. To seek funds for research on lactation, co-ordinate research work, compile research results and promote the use of the results.

6. LOCATION:

Faculty of Medicine Siriraj Hospital,
Mahidol University, Bangkok, Thailand

Space required for the Lactation Center's administrative office and Information Center in Bangkok will be provided by the Faculty of Medicine Siriraj Hospital. It is expected to be located within the hospital vicinity.

Facilities in the Departments of OBGYN and Pediatrics, including patient wards and several lecture and conference rooms, will also be available for the program use.

7. PROJECT ORGANIZATION AND STAFFING:

7.1 RELEVANT HEALTH INSTITUTIONS IN THAILAND:

- o Faculty of Medicine Siriraj Hospital
 - Department of Pediatrics
 - Department of OBGYN
 - Nursing Divisions, Siriraj Hospital
 - Nurses in the Nursing Unit
 - Nurses in the Department of Pediatrics
 - Nurses in the Department of OBGYN
- o Faculty of Nursing
 - Department of Pediatrics
 - Department of OBGYN
- o Ministry of Public Health
 - Nutrition Division
 - Family Health Division
 - Health Training Division
 - Provincial Hospital Division
 - Provincial Public Health Division

7.2 ROLE OF THE INSTITUTIONS:

Each of the above-mentioned institutions will be represented on the Advisory Board of the Siriraj Hospital Lactation Training Center. In this capacity, each institution will play a key role in the formulation of the Center's policy and practices on breast-feeding.

In order to ensure full acceptance and firm support from all the key persons involved, it will be necessary to organize a one to two-week Orientation Program at WELLSTART for top executives in the relevant institutions. The program will be designed to provide these top policy-makers with an in-depth understanding of the need for appropriate breast-feeding policies and practices, for better infant nutritional status and for reduced malnutrition in Thailand.

Towards this goal, a total of 9 executives, consisting of the Director of Siriraj Hospital, Heads of the Departments of Pediatrics and OBGYN, Head Nurses from both Departments, Faculty of Medicine Siriraj Hospital, and Directors of the Nutrition Division, Family Health Division, Provincial Hospital Division and Provincial Public Health Division, Ministry of Public Health, will be invited to WELLSTART to attend the above-mentioned Orientation Program.

Major changes in the hospitals' policies and practices, both at the Siriraj Hospital and all other government hospitals under the Ministry of Public Health, are expected thereafter. The changes should include initiation of breast-feeding immediately after birth and rooming-in within two hours after delivery. In this regard, Siriraj Hospital, which serves as the Lactation Program's center, should function as a model for all other provincial hospitals throughout the country.

Full cooperation between the Ministry of Public Health and the Faculty of Medicine Siriraj Hospital are also expected to facilitate the implementation of the program.

Following an orientation for the group of policy-makers, a training program will subsequently be organized at WELLSTART for key personnel who are expected to become the Master Trainers in Bangkok. Towards this objective, a group of 7 key personnel including one pediatrician, one obstetrician, two nurses from the Faculty of Medicine Siriraj Hospital, one lecturer from the Faculty of Nursing, one nutritionist, and one nurse midwife from the Ministry of Public Health will receive full training by WELLSTART with the expectation that they will later serve as part-time staff of the Lactation Training Center in Bangkok.

The above-mentioned training program will be the last one to be held at WELLSTART. Subsequent training programs will take place in Thailand through the established Lactation Center.

7.3 PROJECT STAFFING AND ADMINISTRATION:

Director: Wirapong Chatranon, M.D., D.Sc.
(Salary paid by the Royal Thai Government)

Administrative Secretary:
One full-time administrative secretary is required. The salary will be paid from project funds for the first two years until support can be assumed by the Faculty.

Staff members:

The Master Trainers mentioned above will become part-time staff. Their salaries will continue to be paid by the Royal Thai Government.

Other personnel:

A librarian and a computer operator will be provided by the Faculty.

8. PROJECT ACTIVITIES:

Activities for this project will be developed in four areas: training, information, service and research. In addition, a plan will be developed for monitoring and evaluation of on-going activities. In designing the specific details, sustainability will be given major consideration.

8.1 TRAINING:-

8.1.1 Trainers and Other Health Personnel:

Training will be given to the following groups:

*wellstart
7 people
4 weeks*

- o Master Trainers:- Staff of the Center who will be trained by WELLSTART
- o Regional Trainers:- Health personnel and nutritionists at 9 Regional Health Promotion Centers
- o Provincial, District and Sub-District Trainers:- Health personnel at provincial, district and sub-district levels, i.e. Provincial and District Hospitals, Sub-District Health Centers

*wellstart
5 people
2 weeks*

- o Executives e.g. Hospital Directors, Heads of Division of OBGYN and Division of Pediatrics, Head of Regional Health Promotion Centers (more will be discussed under 8.1.2)
- o Staff employed in Public Institutes and Regional Health Promotion Centers
- o Medical, nursing students and residents in pediatrics, obstetrics etc.

8.1.2 Training Activities:

o Training of the Master Trainers:

A four-week extensive course will be held by WELLSTART at San Diego, as mentioned earlier.

o Development of the Curricula:

After training at WELLSTART, the Master Trainers will develop the curricula, manuals and materials for the training of other lower level trainers. This activity will require approximately 4-6 months.

o Training of the Regional Trainers:

After development of the curricula, the Master Trainers will provide training to 54 Regional Trainers from 9 Regional Health Promotion Centers. A total of 12 Regional Trainers from 2 out of the above 9 Regional Health Promotion Centers will be trained at a time for a period of one or two weeks. The Master Trainers themselves, however, will need an additional two to three weeks for preparation of this training program.

Training for all the 9 regions is expected to be completed within three years. Details will be further discussed with another professional involved in the program.

o Training of the Provincial Trainers:

The Regional Trainers will, in turn, provide training to the 360 Provincial Trainers from 72 provinces.

The Master Trainers will provide all necessary training support and assistance and will also monitor and evaluate the training skills of the Regional Trainers.

During these upcountry trips to provide training support, the Master Trainers will also provide one-day seminars for executives of hospitals and Regional Health Promotion Centers for promotional purposes.

o Training of the District and Sub-District Trainers:

The Provincial Trainers, after receiving training themselves, will subsequently give further training to the 8,964 District and Sub-District Trainers in cooperation with the Regional Trainers.

These District and Sub-District Trainers will then, in turn, provide training for other colleagues in their hospitals or health centers throughout the country.

It is expected that the Village Health Volunteers, the Model Mothers, as well as other mothers in the villages will acquire knowledge on breastfeeding directly from the trained health personnel working at the Health Centers at the sub-district level.

o Training of Other Health Personnel

During the above training stages, the Master Trainers will extend assistance to the Regional Trainers in the organization of additional training programs for other interested health sectors which may request assistance in training their health personnel at their own institutes or centers.

In addition, training will be provided at Siriraj Hospital itself for medical, nursing students and residents in pediatrics, obstetrics etc.

Assistance will also be given to other interested hospitals upon request.

During the second year, a few refresher courses will be provided by the Master Trainers for some of the personnel.

8.2 INFORMATION CENTER:-

o Development of Database -

Two computerized databases will be developed:

- Database on Lactation and Related Subjects

A database of information of articles on lactation and related subjects from journals, whose reprints will be systematically collected according to code numbers assigned in the database, will be created using the "Sci-Mate Software System" for easy retrieval. The Master Trainers, while being trained at WELLSTART, will collect materials to bring back to the Center as well.

- Database on Drugs and Contaminants in Breast Milk

A database on drugs and contaminants in breast milk will be developed at the Center. The program will be written by a programmer at the Computer Center of Siriraj Hospital.

One microcomputer with the necessary hardware and software will be purchased and dedicated for use in the Information Center. A duplicating machine will also be purchased for use in the Information Center, the Administrative Office, the Library and in other training activities.

The Center will provide information on published articles or copies of reprints and consultation on drugs and contaminants in breast milk through the Information Center for health personnel both from the hospital and other institutions.

o Library -

A library will be established with a collection of books on lactation and related subjects which will be acquired either through purchase or donation.

Journals, however, will not be subscribed to as they will be provided through the Main Library of the Faculty of Siriraj Hospital.

o Media Bank -

All types of media on lactation and related subjects will be collected for use in training and as references. Portable audio-visual equipment is required, including a VCR and monitor, tape recorder, slide projector, overhead projector and projecting screen.

8.3 SERVICE:-

The hospital staff and some of the Master Trainers will provide service through the Lactation Clinic and telephone consultation during working hours to mothers in the Bangkok area as well as those referred from other institutions.

Special attention will be given to nursing mothers in the first week after delivery during which time they may experience several problems including inappropriate latch-on, breast engorgement and insufficient milk supply that may cause new mothers to stop breast-feeding.

The service will be publicized periodically through mass media.

8.4 RESEARCH:-

The Center will seek research support and assist in the distribution of funds to interested parties i.e. postgraduate students in medicine and nursing, and residents in OBGYN and pediatrics whose fulfilment of the training requires a thesis as well as other health personnel in hospitals and health centers outside the team's hospital.

Research topics on problems related to infant feeding will receive highest priority, in particular, those with research results that are expected to help the Center function more effectively e.g. methods of storing breast milk, research which will enhance the practices of early suckling, frequent suckling and early rooming-in.

All research results will be compiled with the significant ones published in an annual newsletter and presented in one-day seminars, held on a regular basis, by the Lactation Center as a means of promoting the use of significant findings.

9. EVALUATION:

9.1 TRAINING:-

Pre-tests and post-tests will be used to evaluate the knowledge and skills acquired by the Trainers during all stages of training.

Teams undergoing training activities of the Center will be asked to describe the lactation management policies and practices of their institutions at the beginning of the course. Follow-up evaluations of changes in the practices of hospitals and health centers will be conducted by the Master Trainers 3-6 months after training. In some areas, evaluation will be carried out on-site while in others, it will be done through questionnaires. The results obtained will provide feedback for the planning of future programs as well as modifications and adjustments due to difficulties arising.

Surveys of the mothers' attitudes and practices related to breast-feeding in selected villages will be conducted prior to the training as well as 1-2 years after the training to determine the impact of the training on mothers in the communities.

9.2 INFORMATION CENTER:-

The number of requests made to the Center, the responses given and the time taken to respond to the requests will be recorded in a log and used for evaluation.

Feedback will also be obtained by sending out questionnaires to the users.

9.3 SERVICE:-

The number of mothers using the Lactation Clinic and telephone consultation services as well as the type of service provided, will be kept and used for evaluation.

Questionnaires will also be sent out to the mothers who previously solicited advice from the Center.

9.4 RESEARCH:-

Records will be kept on the numbers of research projects funded, the numbers of projects completed and reported, as well as the way in which project results are used.

APPENDIX 3

WELLSTART

San Diego Lactation Program

**LACTATION MANAGEMENT EDUCATION PROGRAM
SESSION REPORT**

August 7 - September 1, 1989

Prepared by:

Audrey J. Naylor, MD, DrPH

Ruth A. Wester, RN, CPNP

Co-Directors

Wellstart/The San Diego Lactation Program

Kathleen Finn, MA

Director of Administrative Services

Wellstart/The San Diego Lactation Program

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I. Introduction and Summary

A Lactation Management Education (LME) course was held at the Wellstart facilities in San Diego from August 7 - September 1, 1989. Eight health professionals from Kenya and seven from Nigeria attended the four week course. Please see Appendix 1 for a list of all participants with professional disciplines and affiliations noted.

The goal and objectives for this course remain unchanged from those described in the LME Program proposal. They are as follows:

Goal

To assist the promotion of breastfeeding in developing countries by improving the knowledge regarding the clinical management of lactation and breastfeeding of current and future perinatal health care providers.

Objectives

- (1) To train teams of physicians and nurses from teaching hospitals as lactation specialists. These teams will be prepared to assume responsibility for breastfeeding programs designed to offer both service and teaching and to function as models for possible replication in other teaching hospitals.
- (2) To assist these teams in developing a model service and teaching program appropriate to their own setting.
- (3) To assist these teams in designing inservice and continuing education activities regarding lactation and breastfeeding for their physician, nurse and nutritionist colleagues.
- (4) To assist the teams in selecting or developing appropriate teaching materials for their own programs.

Methods used to meet the goals and objectives for the most part remain unchanged from previous LME courses. Details of specific course activities can be found in Appendices 2 and 3 (Course Schedule and Faculty and Staff List).

As in all LME courses, three basic methods of evaluation were utilized to assess the success level of the course:

- (1) To determine if the experience in San Diego modified the quantity and/or quality of the participants' knowledge about breastfeeding, short

unannounced pre- and post-tests were given. Results of these tests suggest that participants' knowledge base was significantly increased at the completion of the four-week course. (average scores rose from 46.7% to 66% correct answers, Appendix 4).

- (2) Individual session critiques were completed by participants for 25 of the 28 sessions provided during the course. Participants were asked to rate the usefulness, quality and quantity of the presentation, as well as respond to whether the speaker and/or topic should be included in the future. The tabulated scores reflect a high level of satisfaction with the quality of the material presented as well as with the speakers themselves. The mean score for both usefulness and quality was 4.5, using a scale of 0 to 5, with 5 being the highest possible score.
- (3) An evaluation form was given to participants at the end of the entire course to allow them an opportunity to comment on all elements of the course experience. The results of these evaluations are summarized by discipline for the group in Appendix 5.

In general, based upon participant comments, the pre/post tests, session critiques and the overall course evaluations, the course appears to have been very well accepted and a valuable experience for all who attended.

II. Comments on Specific Program Components

Recruitment/Selection

All of the participant teams for this program reflected the Wellstart selection criteria. They were truly multidisciplinary, and two of the teams included a nutritionist, a discipline that is not always well represented in developing countries. All of the teams came from teaching hospitals, and the members were in senior positions with influence to implement changes and new programs for lactation management.

Dr. Ann Brownlee, a Wellstart consultant, was able to facilitate recruitment for this course during visits to Kenya and Nigeria in September, 1988. Dr. Brownlee met with USAID Mission officers and hospital administrators to explain the program and the criteria for team selection. During the recruitment process it became clear that, given the frequent difficulty in communication, this early establishment of relationships with the Mission was crucial to the selection of appropriate teams and the cooperative solving of logistical problems. For this reason, Wellstart plans to

recruit a Field Activities Director, to act as liaison with the Missions and Ministries of Health.

Education/Motivation

The course was specially designed to assist the teams in meeting their specific needs for technical information, clinical skills and program planning and evaluation expertise. Specially selected guest faculty provided a wide variety of state of the art information on lactation and breastfeeding.

Dr. Veronica Valdes, pediatrician from Chile and former Wellstart program participant and fellow, joined the Wellstart faculty for this course. She, along with the two current advanced study fellows, Dr. Chatranon of Thailand and Dr. Suradi, of Indonesia, provided additional expertise and perspective on lactation management education in developing countries.

During the course, participants had the opportunity to meet two key representatives from USAID Washington. Dr. Norge Jerome, Director of the Office of Nutrition and Neen Alrutz, Regional Officer of the Africa Bureau, observed course sessions and joined in some of the social activities. Their presence and interest demonstrated to the participants USAID's support of breastfeeding promotion.

Over the four week period of the course, the participants clearly developed their own sense of teamwork across disciplines and with colleagues from other institutions and other countries. Of particular note, for many of them, was a new appreciation of the role and expertise of nutritionists in hospitals and communities.

Besides the formal classroom, clinical and field trip schedule of the course, the Wellstart program includes several extracurricular activities. These activities are important components of the team development process. The camaraderie formed within and among teams is a major reason for the success and sustainability of the program as they go back to their countries to use the team synergy to effect change.

Material Support

The formal course syllabus was modified for the course, and reading lists were updated. Course participants found the syllabus helpful and easy to use. Each team was also provided with reference texts and a set of reprints.

LME Program funds allow each participating team to purchase relevant teaching materials such as slides, text books, video tapes, teaching dolls, and breast pumps for use in-country. Participants are also provided, as part of their course syllabus, with information on how to create good teaching slides and handouts, and

suggestions on how to organize reprints, slides and related materials. Participants are urged to review and utilize this valuable information as they work on establishing and maintaining their collections of teaching resources.

Program Planning

An essential component of the LME course experience is the preparation and presentation of each team's plans (Appendix 6) for program implementation upon returning home. The teams formally present their plans to an audience of program faculty, staff and invited guests. As an important first step, they are urged to share their plans with their supervisors, the USAID Mission, the Ministry of Health and others as appropriate.

Plans presented by the teams included courses for training health professionals about breastfeeding; training trainers in schools of medicine and nursing; carrying out studies on lactational amenorrhea as a tool in child spacing; gathering baseline data on breastfeeding initiation and duration; evaluating the growth of exclusively breastfed babies versus those on mixed feeding; and implementing breastfeeding promotion and research towards the goal of establishing a statewide and eventually national policy on breastfeeding in Nigeria.

III. Advanced Study Fellowships

Two former Wellstart program participants, Dr. Rulina Suradi, Pediatrician from the University of Indonesia Medical School in Jakarta, and Dr. Wirapong Chatranon, Pediatrician from Siraraj Hospital, Mahidol University Faculty of Medicine in Bangkok, returned for a two month fellowship and taught selected portions of the course. In addition, the fellowship program included visits to The San Jose Mother's Milk bank, the Children's Nutrition Research Center in Houston, Texas, the Jose Fabella Memorial Hospital in Manila, and the La Leche League's Physicians' Seminar and International meeting in Anaheim, California. Both fellows have already carried out substantial lactation management education activities in their countries as a result of their participation in the Wellstart program. Each developed a plan during their fellowship for development of an LME center to sustain and expand their successes.

IV. Recommendations for the Future

The participants from both Nigeria and Kenya have the potential to become powerful resources for national breastfeeding promotion and protection efforts. The professional knowledge and skills, the materials and motivation, and the sense of teamwork acquired in San Diego create a strong basis for implementing the short and long-range goals they have articulated.

The teams should be encouraged to continue to function as teams, and should be viewed as key resources for further activities in-country. The process of networking and communication which began between the Nigerian and Kenyan teams in San Diego should be built upon, in conjunction with previous African Wellstart participants, perhaps through regional conferences.

Continuing communication and followup are important components of the Wellstart program. It is important that followup visits by Wellstart faculty be well coordinated with the teams' plans for program implementation so that maximum advantage of such visits can be achieved.

APPENDIX 4

3.0 COURSE PARTICIPANTS

3.1 Current Course Participants - November 13 - December 12, 1989

**Ministry of Public Health
Bangkok, Thailand**

**Mr. Sanga Damapong
Chief of Nutrition Education Division
Nutrition Division
Department of Health**

**Miss Nongnuch Boonyakiat
Chief of Training Section
Family Health Division
Department of Health**

**Dr. Siriwat Tiptaradol
Assistant Director of Health Training
Division**

**Dr. Pira Lertkungwarnklai
Head of Technical Subdivision
Provincial Hospital Division**

**Dr. Songkich Ativanichayapong
Head of Technical Support Section
Rural Health Division**

**Ministry of Health
Jakarta, Indonesia**

**Sientje Masoara, MCH
Staff of Directorate of Community Nutrition**

**Dr. Harnoto, MPH
Chief, Subdirector, General Medical
Services**

**University of Indonesia
Jakarta, Indonesia**

**Dr. Suharti Agusman
Pediatric Nutritionist**

**Dr. Julfina Bisanto
Head of Outpatient Pediatric Department**

**Dr. Siti Dhyanti Wishnuwardhani
Obstetrician**

**Mrs. Musfiah Dradjat
Head Nurse, Outpatient Pediatric
Department**

**Faculty of Medicine Siriraj Hospital
Bangkok, Thailand**

**Dr. Urabala Boonyaparakob
Head, Department of Pediatrics**

**Dr. Amorn Koetsawang
Professor, Deputy Head
Department of Obstetrics and Gynecology**

**Dr. Thrathip Kolatat
Assistant Professor, Neonatologist
Department of Pediatrics**

**Dr. Ubsorn Amatayakul
Assistant Professor
Department of Obstetrics and Gynecology**

**Miss Chawan Pumtong
Head of Pediatric Nursing Division**

**Mrs. Sunanta Kahauttha
Head of Obstetric and Gynecology Nursing
Division**

**Miss Kutcharin Namngam
RN and Midwifery
Pediatric Nursing Service**

**Miss Gunnigar Boonayathup
Head Nurse of Postpartum Ward
Obstetric Nursing Service**

**Faculty of Nursing, Mahidol University
Bangkok, Thailand**

**Miss Kannikar Vichitsukon
Assistant Professor
Pediatric Nursing Department**

**Dr. Hasan Sadikin Hospital
Bandung, Indonesia**

**Dr. Sofie Rifayani Krianadi
Staff of Social Obstetrics
Department of Obstetrics & Gynecology**

**Metropolitan Health Office
Jakarta, Indonesia**

**Dr.
Ms. Sri Duryati, MSc
Nutrition and Family Health Section**

APPENDIX 5

THAI PLAN FOR A NATIONAL LACTATION MANAGEMENT EDUCATION PROGRAM

1. GOAL

To improve the health and nutritional status of Thai infants and mothers and to extend the period of infertility.

2. OBJECTIVES

By the year 1993 the following activities will be accomplished:

- 2.1 To provide training on the subjects of lactation and supplementary feeding to health provider teams from all levels involved in teaching and training as well as to the staffs who involved in breastfeeding and family planning which are working in communities throughout the country.
- 2.2 To assist these teams in developing model service and/or teaching programs appropriate to their own settings and to their peripheral hospitals.
- 2.3 To assist in designing inservice and continuing education activities regarding lactation and breastfeeding for participating health provider teams.

3. PROGRAM ACTIVITIES

Activities for the program will be developed in six areas as follows:

- 3.1 Preparation of Training Centers: The Lactation Training Center will be established at Siriraj Medical School, Bangkok (see details on pages 5-10).
- 3.2 Baseline Data Survey: To investigate the situation and policy of breastfeeding in each level of institution and communities for finding the training needs, developing training curricula as well as for program evaluation. The survey will be conducted in three main target groups for finding information as follows:
 - 3.2.1 Institution (Hospital at Regional, Provincial and District level)
 - Policy of breastfeeding
 - Situation of breastfeeding, e.g. rooming-in, prelacteal feeding, formula feeding, etc.
 - Promotion of breastfeeding
 - Health infrastructure
 - 3.2.2 Healthcare Providers Physicians, Nurses, Nutritionists, and Health Workers will be interviewed on issues as follows:

- Concept of breastfeeding
- Knowledge, attitude, and practice of breastfeeding
- Influencing factors on promotion of breastfeeding
- Code of marketing of breastmilk substitute

3.2.3 Mothers

- KAP of breastfeeding and colostrum
- Comparison between breastfeeding and formula feeding
- Duration of breastfeeding
- Exclusive breastfeeding
- Supplementary feeding
- Weaning food and weaning period
- Nutrition during pregnancy and lactation period

3.3 Training Activities: (Figure I)

3.3.1 Training of the Master Trainers

The course at Wellstart was held from November 13 to December 12, 1989. Master trainers attending the course included physicians, nurses, and nutritionists.

3.3.2 Training of the Regional Trainers

Master trainers will provide training to 144 regional trainers from nine regional health promotion centers and regional hospitals within three years (three regions in each year).

3.3.3 Training of Provincial Trainers

The regional trainers, with support from the master trainers, will in turn provide training to 432 provincial trainers from 72 provinces within four years.

3.3.4 Training of District Trainers

The provincial trainers, in collaboration with the regional trainers, will subsequently provide training to the 2314 district trainers.

3.3.5 Training of the Sub-District Trainers

The district trainers, in collaboration with the provincial trainers, will provide training for 7460 sub-district trainers.

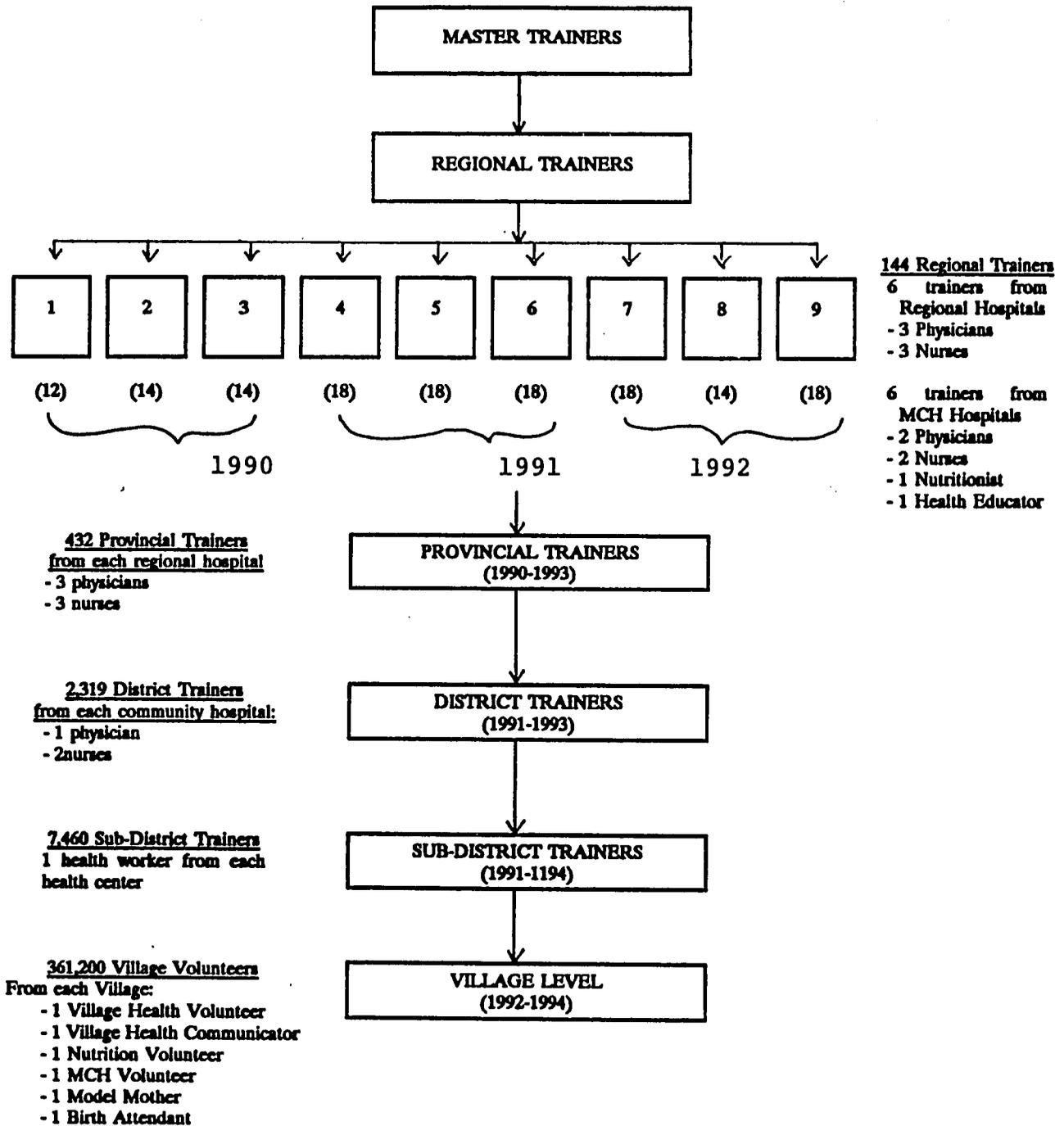
3.3.6 Training of Village Health Volunteers

Finally, the sub-district trainers will train 361,200 village volunteers including village health volunteers, model mothers, nutrition volunteers, village health communicators, and traditional birth attendants.

This training plan is illustrated in Figure 1 on the following page. Each level will also train other staff at their own institution.

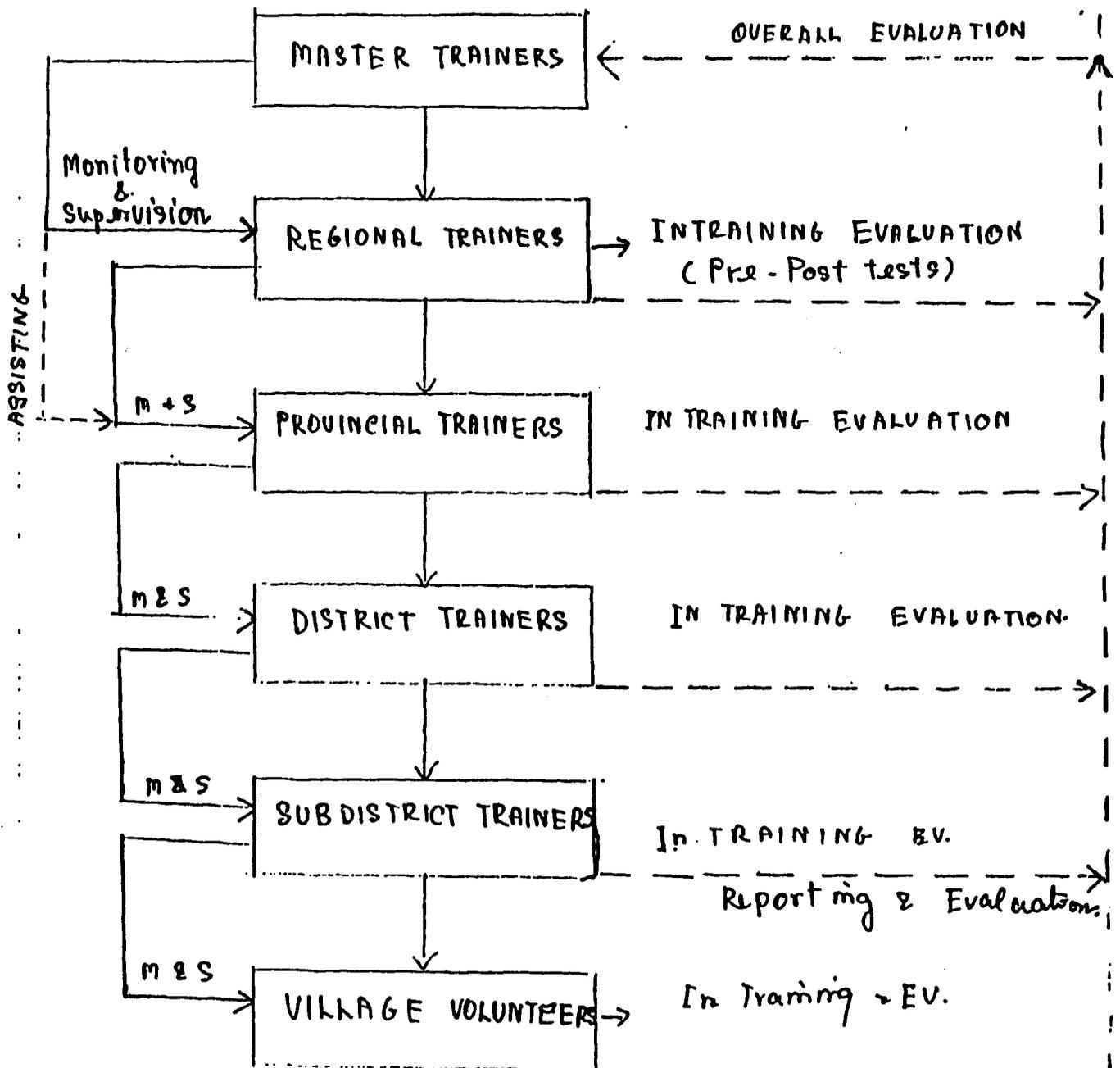
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FIGURE 1: TRAINING PROGRAM



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FIGURE 1
SUPERVISION MONITORING AND EVALUATION



Activities and Timeframe

Activities	1990				1991				1992				1993				Responsible Institution	Evaluation Indicator
	Jan-Apr	May-Sep	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Oct-Dec			
1 Preparation of Training Centers	3 mo																MOPH Siriraj Medical School.	1.1 Policy - Commitment 1.2 Model - Setting
1.1 Establishment of Committees	—																	
1.2 Medical School (Siriraj Hospital)	—																	
1.3 Ministry of Public Health	—																	
1.2.1 Executive orientation	—																	
1.2.2 Budget requirement	—																	
1.4 MEH Centers and Regional Hospital	—																	
1.5 Master Trainers Orientation	—																	
2 Situation analysis	6 mo																MOPH SMS	2 Prevalence and trend of Breast feeding in THAILAND.
2.1 Review existing research.	—																	
2.2 Baseline Survey prevalence and duration of Breast feeding in various communities	—																	

Activities	1990				1991				1992				1993				Responsible Institution	Evaluation - Indicators
	Jan Mar	Apr Jun	July Sep	Oct Dec														
<ul style="list-style-type: none"> - KAP about breast feeding of H. personnels and mothers - Factor influencing Breast feeding in the institution and communities. - B.F policies and procedures in institution - Quality and quantity of Breast feeding training. 																		- Training need.
3. <u>Curriculum formulation</u>			1 mo														MOPH SMS	Core Curricul
4. <u>Develop teaching AIDS</u>			6 mo															Appropriate Teaching AIDS
5. <u>Workshop for Regional Training (Master Trainers and staff involved)</u>			3 days														MOPH SMS	Renewed strategy and contents for further training

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Activities	1990				1991				1992				1993				Responsible Institution	Evaluation Indicators
	5-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec		
6 Training for Regional Trainers (duration 2 weeks in each group)				6 wks. 2 wks/course		6 wks 2 wks/course				6 wks 2 wks/course							MOPH SMS	Potential Regional Trainers.
7 Training for Provincial level						5 days/course												
8. --- District Level						5 days/course												
9. --- Sub District level						5 days/course												
10. --- Village						3 days/course												
11. Monitoring and Evaluation																	MOPH SMS	Coverage and Teaching Practice in hospitals.
12. Provisional evaluation - workshop							3 days					3 days					MOPH SMS	Result for reformulating curriculum and program.
13. Final Program evaluation														3 mo			MOPH SMS	Effectiveness of Breast feeding promotion in Hospital and Health Com.

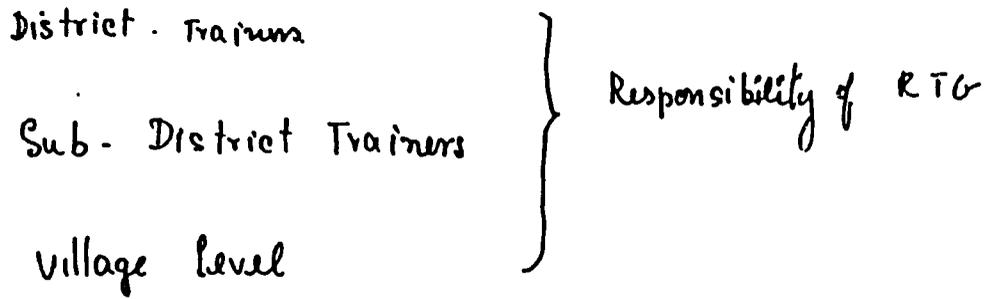
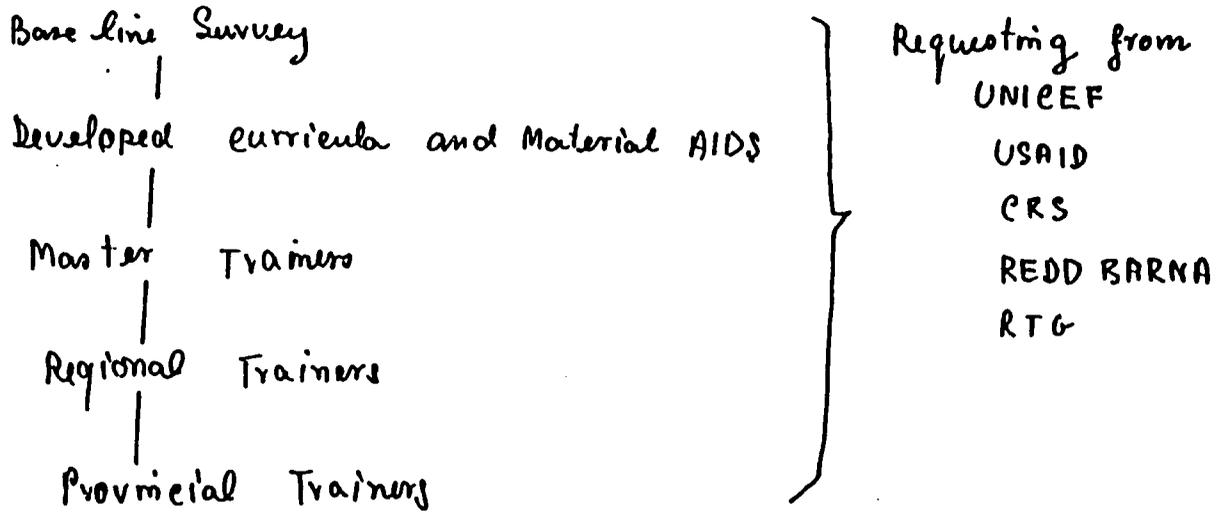
Appendix 8

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Activities	1990				1991				1992				1993				Responsible Institution	Evaluation Indicators	
	Jan	Apr	Jul	Oct															
14. Program reporting workshop																	30 days	MOPH SMS	Improvement of breast feeding at minimum least 20% higher than baseline surveys.

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Resource of the Program Budget



4. SUPERVISION AND MONITORING

Supervision and monitoring will be performed during and after training course by the trainers at each level.

5. PROGRAM EVALUATION

5.1 Evaluation of training will be conducted immediately after the training in each level.

5.2 Evaluation of quantity and quality of training and teaching practice in hospital before and after training.

5.3 Evaluation of changes in hospital in terms of breastfeeding policies and procedures including education and promotion of breastfeeding counseling given to mothers before and after training.

5.4 Evaluation of changes in prevalence and duration of breastfeeding in both institutions and communities.

5.5 Evaluation in changes in KAP of breastfeeding among mothers.

5.6 Evaluation of ongoing education and other supports for healthcare provider teams.

Level of monitoring supervision reporting and evaluation are shown in Figure 2.

LACTATION MANAGEMENT PROGRAM: ROLE OF UNIVERSITY HOSPITAL

PURPOSE: To improve the quantity of life of the mothers and infants in Thailand.

GOALS: To increase the incidence and duration of breastfed infants in Thailand by the end of 1992.

OBJECTIVES:

1. To establish "The breastfeeding model" for the lactation management program of regional trainers. One of the postpartum units in the department of OBGYN, Siriraj Hospital will utilize as a model.
2. To implement "Lactation Management Program" to all of the postpartum units in the department of OBGYN, Siriraj Hospital, Bangkok, Thailand.

3. To cooperate with the Ministry of Public Health to set up the Lactation Management Program for the regional trainers.
4. To assist these teams in:
 - 4.1 Developing a model service and/or teaching program appropriate to their own setting.
 - 4.2 Designing inservice and continuing education activities regarding lactation and breastfeeding for the physicians, nurses, and nutritionists of participating teams.
 - 4.3 Selecting and/or developing appropriate teaching materials for their programs.

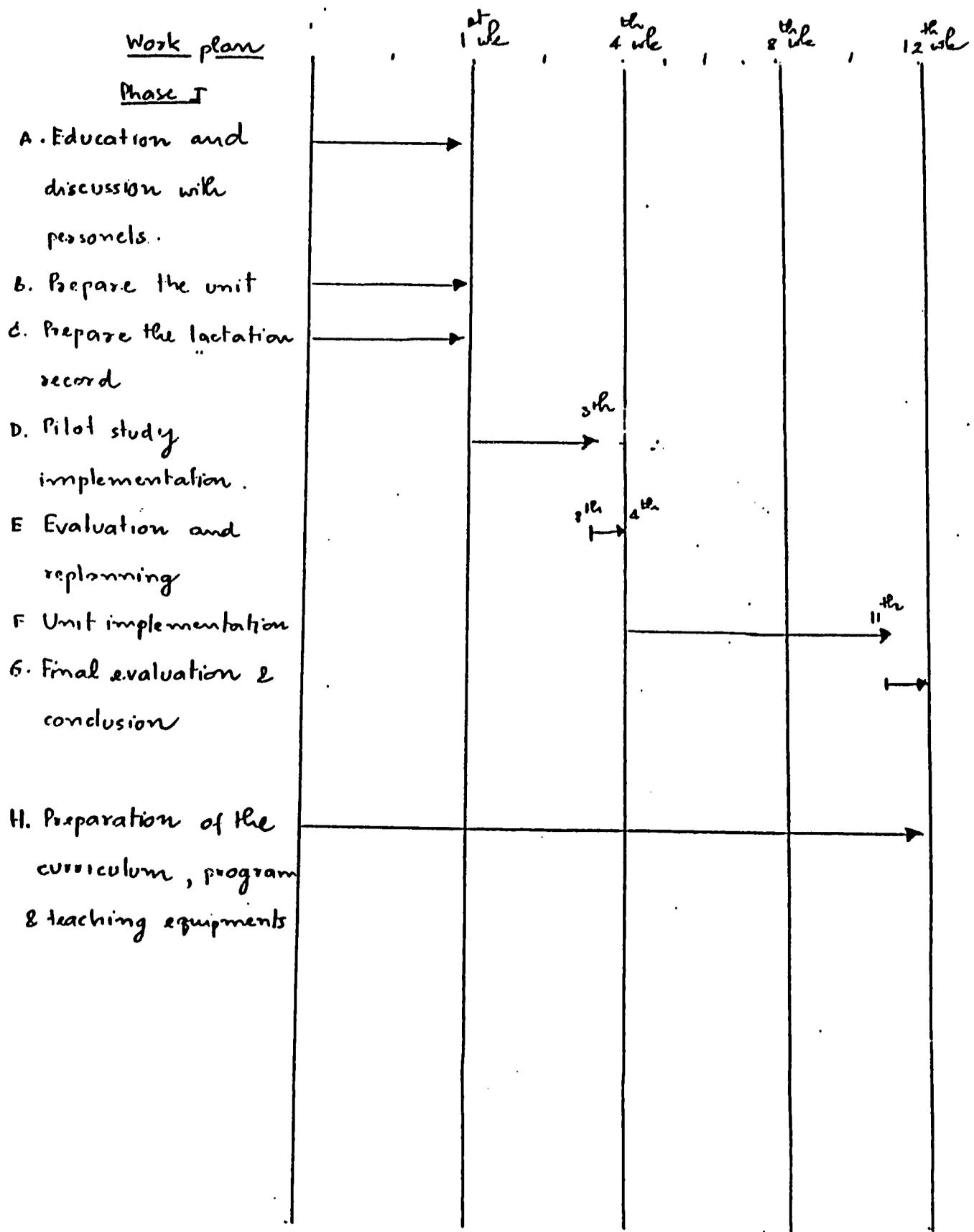
ESTABLISHMENT OF BREASTFEEDING MODELS

The baseline survey regarding the breastfeeding practice in the hospital will be collected in the lactation record prior to the implementation. Then the "Breastfeeding Management Program" will be implemented in one of the postpartum units in the department of Obstetrics and Gynecology as the Phase I or pilot study. This initial recruitment includes eight beds from the normal vaginal delivery. After evaluating and problem solving with the Wellstart trainers, the program will be implemented to the whole unit within 12 weeks.

STEPS OF MANAGEMENT

1. PHASE I

- 1.1 Education and discussion with the personnel in the study unit.
- 1.2 Prepare the "study unit" for breastfeeding encouragement.
- 1.3 Preparation of the lactation record.
- 1.4 Program implementation to the first target group.
- 1.5 Evaluation and replanning.
- 1.6 Program implementation to the whole unit.
- 1.7 Final evaluation and conclusion.
- 1.8 Set up program for the regional trainers.
 - 1.8.1 Preparation of the curriculum and teaching equipment.
 - 1.8.2 Preparation of the program for the regional trainers.



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2. PHASE II

Implementation of breastfeeding management in the hospital.

METHOD AND ACTIVITIES

A. Education and discussion with personnel

1. Target personnel: Nurse Supervisors

**Head Nurses
Registered Nurses
Practical Nurses
Obstetrics Residents**

2. Activities.

2.1 Orientation of the program (1 hour)

2.2 Brief review of the breastfeeding management (1 hour)

2.3 Seminar: Practical Problems Associated with Breastfeeding

a. Rooming-in

b. Prelacteal feeding

c. Weight loss and inadequate milk supply

d. Maternal problems, e.g. engorgement, mastitis, drugs, illness

e. Infant problems, e.g. weight loss, jaundice

B. Prepare the Unit (part of the whole unit)

1. Poster presentation for breastfeeding encouragement.

2. Activities for breastfeeding encouragement and breastfeeding support.

2.1 Pamphlet

2.2 Videotape (at least one time before discharge)

2.3 Individual support

2.4 Lactation rounds five days a week

C. Program Implementation

1. Protocol during hospitalization

Step 1. Maternal admission to postpartum unit

Step 2. Bedding in 4-6 hours after birth

Step 3. Breastfeeding history taking

Step 4. Brief maternal education after admission

4.1 Bedding in and prelacteal feeding

4.2 Immunological and nutritional aspect of human milk

4.3 Bonding and attachment

4.4 Maternal nutrition during lactation

Step 5. Breast examination and oral-motor assessment

Step 6. Breastfeeding technique demonstration

6.1 Positioning

6.2 Attachment

6.3 Suckling effectiveness

6.4 Prevention of sore nipples

Step 7. Close observation and supervision of the second feeding problem and method of solving of subsequent feeding

Step 8. Provide more detail of breastfeeding education by using pamphlet and videotape

8.1 Technique of breastfeeding

8.2 Care of the breasts during lactation

Step 9. Support and solving of problems during lactation rounds

Step 10. Evaluation before discharge

10.1 Technique of breastfeeding

- 10.2 Maternal/Infant cooperation
- 10.3 Adequacy of milk supply
- 10.4 Discharge weight - Infant and Mother
- 10.5 Home breastfeeding plan
- 10.6 Providing education - jaundice, stooling, engorgement, prevention and care of sore nipples

2. Protocol during follow-up period

2.1 Appointment - first month and at two, four, and six months, if possible

2.2 Protocol

2.2.1 Weighing - infant and mother

2.2.2 Brief history taking

- home breastfeeding practice (attitude/knowledge)
- breastfeeding problems
- previous illness

2.2.3 Nutritional assessment - mother and infant

2.2.4 Physical examination

2.2.5 Evaluation of breastfeeding technique

- position
- latching
- suckling reflex
- let down reflex

D. Program Evaluation

1. Data analysis between two groups prior to or after the program

1.1 Newborn who was normally delivered

1.2 Newborn who was delivered by Cesarean section

2. Data analysis between two groups during the program implementation (with or without breastfeeding encouragement program)

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- 2.1 Newborn who was normally delivered
- 2.2 Newborn who was delivered by Caesarian section
- 3. Personnel interviews
 - 3.1 Breastfeeding knowledge and attitudes
 - 3.2 Breastfeeding policies and practices
 - 3.3 Problems occurring during the 12 week period
 - 3.4 Comment and suggestion

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WELLSTARTSM

San Diego Lactation Program

THE LACTATION MANAGEMENT EDUCATION PROGRAM
FOR HEALTH PROFESSIONALS FROM DEVELOPING COUNTRIES

Volume 3

Autumn 1988

ADMINISTRATIVE UPDATE

The past year has been a very busy and exciting one. We have continued to expand our staff, facilities and activities, both in size and in scope. Though this is a somewhat difficult and time-consuming process, it is a necessary one and quite rewarding as well. These expanded resources of staff, facilities, materials, etc., are now in place and we are rapidly extending and expanding our professional educational opportunities and services even further.

We are pleased to announce the following additions to our staff:

Joyce Marshall, Ph.D., R.D., joined the staff in July, 1987, as full-time Perinatal Nutritionist. Dr. Marshall's doctorate degree from Oregon State University is in Education/Nutrition. She has an extensive background in education, including teaching, counseling, and research, as well as interest and experience in effective communication with individuals and groups from diverse economic, social and cultural backgrounds.

Lynn Brown, M.P.A., joined the staff in February, 1988, as full-time Director of Administrative Services. Ms. Brown obtained her Masters in Public Administration from the University of Southern California. She has 10 years of public management experience, including experience in marketing, finance, revenue generation, and

personnel. Prior to joining Wellstart, Ms. Brown was the Executive Director of the YWCA in Denver, Colorado. Ms. Brown is also fluent in Spanish.

Monica King joined the staff in March, 1988, as full-time Staff Assistant II. Prior to joining Wellstart, Ms. King worked as a Telecommunications Systems/Equipment Maintenance Specialist at Hickam Air Force Base in Hawaii where she developed a wide variety of administrative and clerical skills. Ms. King has been working closely with Janine Schooley, Educational Program Manager, on all administrative aspects of Wellstart's education and training activities.

Marisa Pertierra joined the staff in May, 1988, as full-time Administrative Assistant. Ms. Pertierra is originally from Argentina and is fully bilingual (English and Spanish). Prior to joining Wellstart, Ms. Pertierra owned and operated her own business which provided facility maintenance services for doctors' offices. Her responsibilities at Wellstart include reception, acting as executive secretary to the Co-Directors, translation, procurement, word processing and other administrative duties.

Bart Johnson joined the staff in July, 1988, as full-time Word Processor. Mr. Johnson has wordprocessing, data processing, and computer management experience. Prior to joining Wellstart, Mr. Johnson worked at UCSD Medical

Center, County Medical Services, as Administrative Assistant II. Mr. Johnson also spent four years in the U.S. Naval Services.

Jean Reynolds joined the staff in July, 1988, as full-time Staff Assistant I. Ms. Reynolds came to Wellstart through the San Diego County Job Development Program. Prior to joining Wellstart, Ms. Reynolds did "a little of everything" from making paint brushes to working in photography labs.

Several staff members have departed from the organization over the past year:

Elizabeth (Betty) Jones, R.D., M.P.H., continues to be an active member of Wellstart's adjunct faculty roster. However, her growing responsibilities as Director of Nutrition Services at the ISSSTECALI Children's Hospital in Tijuana, Mexico, and her increased graduate school work load have led Ms. Jones to resign from her position as part-time Perinatal Nutritionist. Ms. Jones is currently working toward a doctorate in educational leadership from the University of San Diego.

Barton Burkhalter, Ph.D., has left Wellstart to pursue other interests in the field of international and national health and nutrition program consulting.

Carmen Alvarez joined Wellstart in August, 1987, as an Assistant to the Program Manager. Ms. Alvarez left Wellstart in March, 1988, to stay home and return to being a full-time mother.

Harriette Iddings retired from her position as Administrative Manager/Receptionist in April, 1988. Ms. Iddings will spend her time travelling, gardening and generally enjoying retirement life.

Paul (Kip) Otis Diehl left his position as Word Processor in July, 1988, to pursue data processing, computer programming, and desktop publishing interests.

This rapid growth in staff over the past year led to a need to expand Wellstart's administrative, clinical, and teaching facilities. During the Summer and early Fall of 1987, the facilities being leased by Wellstart were renovated and

expanded to meet the Program's growing needs. This included interior remodeling of existing space, expansion into additional remodeled space, and exterior landscaping. An adequately sized and appropriately equipped classroom was created, as was a separate small library to house the Program's ever-increasing teaching and reference materials. Additional clinical examination and conference space was created and offices which did not have privacy were transformed by hallways into private, self-contained professional office spaces. Necessary parking facilities were added, as was central heat and air conditioning. The result, after all the dust, mud, and clutter settled, is a Wellstart mini-campus of three buildings connected by exterior landscaping.

FOR YOUR INFORMATION

Lactation Management Education Courses

Since last Spring, Wellstart has provided four international lactation management education/training courses:

- 1) A four-week course was held for 12 participants from Indonesia, Thailand and the Philippines August 10—September 4, 1987. Three department chiefs from Nakornrajishima Hospital in Thailand also attended the first two weeks of this session.
- 2) A four-week course was held for 12 participants from Kenya, Sierra Leone, and Swaziland October 26—November 20, 1987.
- 3) A 10-day course was provided for 11 health professionals from El Salvador December 7—17, 1987. This shorter course was provided entirely in Spanish with the assistance of translators and bilingual faculty. Dr. Veronica Valdes, a participant from Chile in the August-September, 1986 course returned to San Diego in December as a co-faculty member.

- 4) A four-week course was held for 14 participants from Indonesia and the Philippines May 23—June 17, 1988.

Upcoming Course Dates:

- 1) August 29-September 23, 1988 (participants to include six Ugandans, five Mexicans, and four Egyptians)
- 2) December 5-December 16, 1988 (two-week Spanish language course planned for 15 Bolivians)
- 3) January 16-27, 1989 (two-week Spanish language course planned for Ecuadorians and Peruvians)
- 4) February 13-March 10, 1989
- 5) May 15-June 9, 1989
- 6) August 7-September 1, 1989

By the end of September, 1988, Wellstart will have provided its International Lactation Management Education Program to 146 health professionals from 17 countries.

Continuing Education and Support Visits

A follow-up or continuing education and support (CES) visit was made by Dr. Naylor and Ms. Wester to Indonesia September 11-October 3, 1987. This trip also included a brief stop in Bangkok, Thailand to meet with AID Mission staff, the Siriraj Hospital team and other key individuals. A CES visit was also made by Dr. Naylor and Ms. Wester to Bolivia March 26-31, 1988. This trip to South America included a "reconnaissance" visit to Ecuador to meet with key USAID, Ministry of Health, and other personnel and discuss Ecuador's child survival needs and possible utilization of Wellstart services. Dr. Veronica Valdes (pediatrician, Chile; August-September 1986 course) accompanied Dr. Naylor and Ms. Wester as translator and consultant on the visits to both of these countries.

**INVITATIONAL ASIAN REGIONAL
LACTATION MANAGEMENT WORKSHOP
and RELATED EVENTS
*Bali, Indonesia***

On July 7-9, 1988, the Fifth Asia Oceania Congress of Perinatology was held in Denpasar, Bali, Indonesia. Prior to the Congress, Wellstart, with support from the Asia-Near East Bureau of USAID, and in cooperation with the Indonesian Society for Perinatology (PERINASIA), sponsored a three-day Invitational Regional Workshop for its Southeast Asian participants and key government officials from Indonesia, Thailand, and the Philippines. In addition, arrangements were made for Wellstart alumni to participate in a two-day pre-Congress seminar on recent scientific developments in lactation and breastfeeding research being organized by PERINASIA. Wellstart supported four internationally known speakers for the meeting. Wellstart also arranged several other activities designed to update the lactation knowledge of program participants, including a day-long clinical update for nurse alumni provided by Ruth Wester and the opportunity for physician alumni to attend the Perinatology Congress. Several people with key leadership responsibilities in the PERINASIA organization are Wellstart alumni (Dr. Rulina, Dr. Winahyo, Dr. Soetjiningsih).

In an effort to share some of the positive energies, excitement and hard work involved, we have listed below a brief description of the workshop and related events.

Invitational Asian Regional Lactation Management Workshop

The workshop held June 30-July 3, 1988, was designed to provide Program alumni and selected guests from USAID, UNICEF, WHO, and the ministries of health in Indonesia, Thailand, and the Philippines, with an opportunity to share information and experiences, develop methods for expanding lactation management education opportunities and discuss strategies for developing national and regional programs.

During the three-day workshop, papers on selected examples from each of the three countries were presented by Program alumni in the following topic areas:

- Development of Model Lactation Programs
- Expansion of Teaching Efforts (both hospital based and community outreach)
- Current and Planned National Programs to Promote and Protect Breastfeeding

In addition, workshop participants were divided into two types of working groups: Interdisciplinary (3) and National (3).

The interdisciplinary working groups discussed strategies for overcoming disciplinary resistance to change and the role of the interdisciplinary lactation management team in promoting breastfeeding at the primary care level. The national working groups discussed methods by which Program alumni can contribute to the expansion and development of national programs within their own country.

Each working group met for an evening and a morning to discuss and develop recommendations for presentation during a plenary session. The workshop thus progressed from descriptions of current activities, through intense discussions across disciplines and within countries, to the development of national plans by alumni and ministry of health representatives. Though this workshop was the first of its kind, the enthusiasm and dedication of the Southeast Asian alumni and guests and the tremendous success of this workshop makes it clear that it should not be the last. Additional Southeast Asian alumni meetings, alumni meetings in Africa and Latin America or even a worldwide alumni meeting are not outside the realm of possibility.

International Breastfeeding Seminar

A seminar was held July 4-5, 1988, to provide current "state of the art" information on breastmilk and lactation. All workshop participants as well as Congress registrants were invited to attend this pre-Congress seminar. Wellstart sponsored seven of the nine speakers listed below:

The topics presented were:

- "Milk Production by the Mammary Cell," Dr. Margaret Neville, Department of Physiology, University of Colorado School of Medicine
- "The Role of Breastfeeding in Psychosocial and Cultural Development," Dr. Suzanne Dixon, Department of Pediatrics, University of California, San Diego School of Medicine
- "The Use of Breastmilk in Diarrhoeal and Other Gastrointestinal Diseases," Dr. Suharyono, Department of Child Health, Gastroenterology, University of Indonesia, Jakarta School of Medicine
- "Slow Weight Gain/Insufficient Milk Supply," Dr. Nancy Powers, Wellstart
- "Mother-to-Infant Biochemical and Immunologic Transfer Through Breastmilk," Dr. Margit Hamosh, Department of Pediatrics, Physiology and Biophysics, Georgetown University Medical Center
- "WHO Code Concerning PASI Marketing and Its Implementation in Indonesia," Mr. Az. Nasution, The Indonesian Consumers League
- "Using Educational Strategies to Promote Breastfeeding: A Case Study of Thailand," Dr. Somchai Durongdej, Faculty of Public Health, Mahidol University, Bangkok
- "Lactation and Fertility," Dr. Alan McNeill, Reproductive Biology Unit, University of Edinburgh, Centre for Reproductive Biology
- "The Issues of AIDS and Breastfeeding," Dr. Audrey Naylor, Wellstart

Clinical Update for Nurses

A clinical lactation management update was provided by Ruth Wester for all 25 of the Program alumni nurses on July 7, 1988. The purpose of this meeting was to focus on nurses' interests and needs in order to help them be stronger, more informed members of their lactation management teams.

Activities included the presentation of recent breastfeeding management information, an exchange of clinical experiences, information on

oral-motor assessment of the breastfeeding baby and information on how to approach case management in a systematic way. Participants were also provided with information on appropriate methods for changing hospital practices which are not supportive of breastfeeding.

In order to insure that all the nurses, including those who are not as fluent in English, were able to take maximum advantage of this update, three physician alumni (Dr. Wirapong, Thailand, January-February 1984 course, Dr. Suwunne, Thailand, August-September 1987 course, and Dr. Fatimah, Indonesia, May-June 1988 course) were asked to become "nurses for a day" to assist with simultaneous verbal translation.

ADDITIONAL WELLSTART ACTIVITIES

Wellstart has requested and received approval from USAID Washington to extend its current project period through September 1989. A proposal for funding beyond that time will be developed later this year.

Public and professional awareness about the Program, breastfeeding, the GOBI Campaign and issues of child survival was increased over the past year through a variety of mechanisms:

- A Child Survival Open House in conjunction with the U.S. Committee for UNICEF's Campaign for Child Survival was held in Wellstart's facilities October 29, 1987.
- The Mayor of the City of San Diego proclaimed "Child Survival Week" on behalf of Wellstart in October 1987.
- Cable News Network (CNN) filmed and broadcasted a story on nationwide TV about Wellstart's Program, featuring the lactation management education course for health professionals from El Salvador held in December, 1987.

In October 1987, Wellstart and UCSD Medical Center received funding from the Department of Health and Human Services to provide lactation management education to multi-disciplinary

teams (physician, nurse, and nutritionist) from maternal and child health departments in each of the ten public health regions in the U.S. Nine of these teams participated in a six-day course in San Diego in April, 1988. The tenth team from the Virgin Islands participated in a two-week course provided July 25-August 5, 1988, for teams from several of the U.S.-related Pacific Basin Islands.

ACTIVITY SHARING
Southeast Asian Region

In preparation for the regional alumni workshop in Bali, all Program participants from Indonesia, Thailand and the Philippines were asked to complete a current hospital profile and a questionnaire on team activities since participating in the Wellstart Program. Some of the data collected are presented below: (pre = data collected from initial hospital profile; post = data collected from hospital profile completed in May-June 1988)

	Number of Hospitals	Total	Hospital Average
Indonesia	11	38,261	3,478
Thailand	2	25,770	12,885
Philippines	2	30,917	15,459
Total	15	94,948	6,330

	PRE		POST		% Reduction
	Vag	C-Sect	Vag	C-Sect	
Indonesia	9.6	46.7	.5	18.4	95%/61%
Thailand	9.0	-	3.5	-	61%
Philippines	3.1	-	1.2	-	65%
Total	7.9	-	1.2	-	85%

	PRE		POST		% Increase
	Vag	C-Sect	Vag	C-Sect	
Indonesia	70%	51%	87%	80%	+17%/+29%
Thailand	88%	-	93%	83%	+5%
Philippines	22%	-	99%	99%	+77%
Total	63%	51%	91%	85%	+28%

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Current Percentage of Perinatal Nursery Staff Formally Trained in Lactation Management

Indonesia	40%
Thailand	56%
Philippines	61%
Total	47%

Percentage of Hospitals with a Breastfeeding Committee

	Pre	Post
Indonesia	67%	100%
Thailand	0%	100%
Philippines	0%	100%
Total	40%	100%

Percentage of Hospitals with a Special Breastfeeding Counselor/Consultant

	Pre	Post
Indonesia	0%	90%
Thailand	0%	100%
Philippines	0%	100%
Total	0%	93%

Percentage of Hospitals in which Breastfed Infants Routinely Receive Additional Supplements

	Pre	Post	% Reduction
Indonesia	70%	20%	71%
Thailand	100%	0%	100%
Philippines	100%	0%	100%
Total	79%	14%	82%

Percentage of Hospitals in which Infants Receive a Bottle Feeding Before the First Breastfeeding

	Pre	Post	% Reduction
Indonesia	70%	0%	100%
Thailand	50%	0%	100%
Philippines	100%	0%	100%
Total	70%	0%	100%

Percentage of Hospitals with a Change in Curriculum Since Participation in the Wellstart Program

	Medical School	Nursing School
Indonesia	40%	44%
Thailand	50%	50%
Philippines	100%	100%
Total	50%	54%

Percentage of Hospitals Whose Teams Have Had an Influence on Health Professional Curriculum Changes

Indonesia	67%
Thailand	50%
Philippines	100%
Total	67%

These figures are particularly impressive in light of the fact that the hospitals represented deliver more than 94,000 infants a year.

Indonesia

Dr. Kariadi Hospital, Semarang (Mrs. Ong, Dr. Soetadji, Dr. Suharsono, Mrs. Nur, Dr. Fatmah, Dr. Kamilah, Mrs. Endrawati, Mrs. Imbarwati)

The Semarang team has provided some major education/training in Lactation and Rooming-In Management over the past year. In November, 1987, a national course was provided for health professionals from six provincial hospitals in Indonesia. In April, 1988, a regional course for health professionals from six hospitals in Central Java was held. In addition, the Semarang team has received requests for consultation and educational assistance from several other, less experienced Indonesian teams.

Bethesda Hospital Tomohon, North Sulawesi (Dr. Albert Gerung and Mrs. Lientje)

Since April 1986 the following changes in hospital procedures have occurred:

Normal Deliveries:

- Baby immediately on the mother's breast after birth;
- After 1-2 hours mother and baby together to the rooming-in ward located next to the delivery room;
- No-pretactal feedings;
- Breast-feeding on demand;
- Routine rounds by the physician in charge and nursing staff discussing breast-feeding management with the mothers;

- No restrictions in visiting hours.

Abnormal Deliveries:

- Babies born by vacuum extraction follow the same procedures as the normal delivery babies;
- Babies born with caesarian section are put in special room for 2-3 hours after birth for observation, and then brought to the mother in the recovery room (partial rooming-in). After 2 days the mother and baby are put together in the rooming-in ward.

Low Birth Weight Babies (2000 g and below):

- Require special care in an incubator and nasogastric feeding with expressed breast-milk.

The exclusively breastfeeding babies increased since April 1986 from 32.7/61.9% to 86.6/93.9%.

Along with these procedural changes, the following actions have also been taken:

- The obstetric and nursing staff have been made more confident about lactation and have been re-oriented to the mechanism of early and exclusive breastfeeding.
- Courses have been held for nursing and PHC staff in lactation and breastfeeding management.
- Nursing staff and female physicians are used as models in promotion of breastfeeding in the hospital.

Thailand

*Maharaj Nakornrajsima Hospital, Korat
(Dr. Ruchira, Dr. Panwajee, Dr. Mongkol, Ms. Ratana, Ms. Malee, Dr. Payom, Dr. Vorapun, Dr. Suwunne, Ms. Sa-ngob, Ms. Nuallaor, Ms. Orapan, Ms. Saraswatee, Ms. Poahong)*

In addition to a wide variety of professional and lay teaching both within and outside of the hospital, the Korat team has accomplished the following:

- A working committee on breastfeeding was established.
- A volunteer mothers and primary school pupils support group was established by the Social Medicine Department.
- In November-December 1987, total rooming-in was begun. Infants and mother now go from the delivery room directly to the post-partum ward (no nursery).
- Working mothers in the medical records department have been educated about the benefits of breastfeeding and are urged to bring their breastfeeding infants to work.
- On December 8, 1987, a lactation clinic was begun once a week in the out-patient department.
- An intensive health education program, including the distribution of promotional materials such as T-shirts, gift packs, stickers, etc., has been developed.
- A breastfeeding journal club meets every two months.

These accomplishments are part of the hospital's new Integrated Comprehensive Breastfeeding Promotion Programme and plans for development of a regional lactation center for teaching, promotion, and research are under way.

*Siriraj Hospital, Bangkok
(Miss Ubon, Dr. Wirapong, Dr. Uapong, Dr. Suaree)*

Accomplishments include changes in hospital policies, modification of medical and nursing curricula and a wide variety of local, regional, and national health professional teaching.

Most recently, five two-day workshops on breastfeeding were conducted during February and June 1988 for 300 nurses in the Pediatric and Ob-Gyn departments; two two-day workshops for 130 hospital directors, chiefs of social medicine, pharmacists and health educators from 32 provinces in north/northeastern Thailand were held in

November 1987; a one-day seminar was held in April 1988 for 40 hospital directors, physicians and nurses from five Regional Health Promotion Centers; and six two-hour lectures were given to 290 participants (including heads of Health Promotion Sections from 72 provinces) in February 1987 and April-June 1988. The team has served as consultants to various institutions, most notably the Nutrition and Family Health Divisions of the Ministry of Public Health. A team member was appointed to the Committee for the Preparation of a Maternal Handbook and Flip Chart on Breastfeeding as well as to the Committee to revise the code of marketing of breastmilk substitutes organized by the Food and Drug Administration in February 1988.

Chile

*Catholic University of Chile, Santiago
(Dr. Veronica Valdes and Dr. Antonio Mackenna)*

The Chilean team has provided several courses on breastfeeding to postgraduate nurses, midwives, medical students, and residents since they joined the Program in 1986 (approximately 17 sessions provided through September 1987). The team has worked hard to promote the initiation of breastfeeding as early as possible after delivery through changes in hospital policies and procedures and to incorporate breastfeeding into all their teaching. Both are members of the Lactation Committee of the Chilean Society of Pediatrics.

Dr. Mackenna has been working on two research projects: Infertile Postpartum Period: The Effect of Breastfeeding Promotion (9/87-9/90) and The Effect of Sulpiride on Human Milk Composition (11/87-4/88).

In addition to her work at the Catholic University, Dr. Valdes is currently the Principal Researcher and Director of Clinics at the Breastfeeding Promotion Project at San Bernardo Hospital. This project includes major clinical, teaching and promotional services as well as efforts to change

hospital policies. Dr. Valdes is also the co-author of a book for mothers on breastfeeding currently in press. As mentioned previously, Dr. Valdes participated on a technical assistance consultation team with Dr. Naylor and Ms. Wester in Ecuador and Bolivia in March, 1988.

HIGHLIGHTS

Dr. Jose Fabella Memorial Hospital

In this issue we will be highlighting the team from Dr. Jose Fabella Memorial Hospital in Manila, The Philippines. Team members are Dr. Isabelita Vital-Gozon, Ms. Emerita Santos, Dr. Consolacion de Guzman, Dr. Aurora Pabustan, Ms. Rhodora Bagalay, and Dr. Ricardo Gonzales.

The Fabella Hospital is the biggest and busiest maternity hospital in the country with a bed capacity of 700 and 80-100 deliveries a day. Six medical schools and several nursing schools are affiliated with the hospital. The hospital also runs a schools of midwifery which graduates 120 midwives a year.

A plan of action for a Breastfeeding and Lactation Program was formulated in October 1987 and presented to and approved by the Hospital's Director. A Lactation Management Committee was formed by the team to review policies and formulate recommendations, develop teaching programs, monitor activities, evaluate strategies and establish a network with other groups and agencies.

In less than eight months the Committee accomplished the following:

- 1) Designed and implemented a training program for trainers based on the Wellstart model. This is a 40-hour course divided into didactic and practicum portions. There were 15 participants in the first course held in early 1988: four pediatric consultants, four Ob-Gyn consultants, three nurse supervisors, and four midwife instructors.

- 2) Evaluated and modified the curriculum design to include how to effect change, accomplish objectives and assess teaching techniques. The 15 participants have, in turn, helped conduct a similar "echo" course for another 15 participants.
- 3) Designed a training module for student midwives.
- 4) Started a mini-milk bank with the help of the nursing supervisors and student midwives.
- 5) Incorporated breastfeeding into all undergraduate and graduate training programs.
- 6) Integrated lactation management into the Under Six Clinic.
- 7) Conducted several research studies on breastfeeding and lactation. These include "Breastfeeding After the Second Stage of Labor: Its Effects on Maternal Blood Loss" and "Knowledge, Attitude, and Practices of the Dr. Jose Fabella Memorial Hospital Health Workers Regarding Breastfeeding: A Survey of 355 Workers."
- 8) Established a Speakers Bureau.

The rooming-in program of Fabella Hospital is truly amazing both in size and scope. The Program's basic policy statements are:

- 1) The house formula, first and foremost, is breastmilk.
- 2) The lag time between birth and first breastfeeding should be as minimal as possible.
- 3) The breastfeeding continuation rate should be increased as much as possible.

The rooming-in standards are:

- 1) There should be facilities available for personal hygiene.
- 2) The rooming-in situation should be comfortable for the mother and safe for the baby.
- 3) Co-mother influence should be stimulated, rather than provider influence.
- 4) Bottles are strictly not allowed.

The Fabella Lactation Program is an impressive and important example of how even a large and very busy hospital can successfully promote and protect early and exclusive breastfeeding.

PHILIPPINE DECLARATION

The Philippine national working group issued the following signed declaration of mission statement at the Invitational Workshop in Bali:

In a developing country, breastfeeding is not only a medical issue but socio-economic as well, greatly affecting the quality of life, not only of individuals, but of families, communities, and of the nation as a whole. We, the alumni of the Wellstart San Diego Lactation Program, do hereby declare our firm conviction and commitment to promote and protect breastfeeding for a healthy Filipino nation. Believing in the strong character of the Filipinos, we are confident we will meet our goal of attaining a quality of life truly worthwhile for our infants and children and ultimately, for our ASEAN neighbors.

A "WORN-OUT GRADUATE'S" PERSPECTIVE

The following is a summary of Wellstart's lactation management course written by Dr. James R. Feist, an obstetrician from Montana, U.S., who participated in one of the six-day courses in April, 1988:

"This intense educational course reminds me of the process of pregnancy and birthing. During our prenatal time we received a tremendous amount of information in the mail to prepare us for this labor. The week-long course was a tremendous labor and hard work and it ended with the production of a healthy new look on breastfeeding. We now are being discharged to go home, totally engorged with information. We should have this tremendous let-down of information to feed our colleagues. We shall nurture these ideas and have good support for these concepts, particularly in the areas of problem feeding. With an adequate supply of information and frequent attention to this area we will have adequate growth of this concept and prevent the "slow gain" of information. We will be able to meet all the "impediments" and deal with the "sore areas" in order that supplementary activities with money from the formula companies won't be necessary. The end result will be a healthy, happy, well nurtured idea which has no allergies and does not have any nipple confusion as to which is the right choice."

ANNOUNCEMENTS

Dr. Marina Ferreira Rea (pediatrician, Brazil; April 1985 course) is co-author of an article entitled, "The Recent Revival of Breastfeeding in the City of Sao Paulo, Brazil," which appeared in the August 1987 issue of the *American Journal of Public Health* (Vol. 77, No. 8).

Congratulations to *Dr. Roxana Saunero* (pediatrician, Bolivia; August-September 1986 course) who was married in the Winter of 1987, and to *Dr. Suwunne* (pediatrician, Thailand; August-September 1987 course) who was married in the Spring of 1988. Best wishes to the happy couples!

Congratulations are also in order for *Dr. Isabelita Vital-Gozon* (pediatrician, Philippines; January-February 1984) who was promoted earlier this year to the position of Director of the National Children's Medical Center in Manila, the Philippines.

Thank you for continuing to keep us informed of your activities and accomplishments. Keep up the good work!

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WELLSTARTSM
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WELLSTARTSM

El Programa de Lactancia de San Diego

PROGRAMA EDUCATIVO EN MANEJO DE LA LACTANCIA
PARA PROFESIONALES DE LA SALUD EN PAISES EN DESAROLLO

Volume 3

Autumn 1988

INFORME ADMINISTRATIVO

Este año pasado ha sido un año muy interesante y de mucha actividad. Expansiones han ocurrido en nuestro personal y actividades, así como en nuestras instalaciones. Aunque este es un proceso que requiere mucho tiempo y dedicación, es necesario y a la vez nos brinda una gran satisfacción. Esta expansión que ha tomado lugar está ampliando rápidamente las oportunidades de educación de profesionales y demás servicios.

Tenemos el placer de anunciarles las siguientes adiciones a nuestro personal:

Joyce Marshall, Ph.D., R.D., se unió a nuestro personal en julio de 1987 como Nutricionista Perinatal. El título de doctorado de la Dra. Marshall, de la Universidad del Estado de Oregon, es en Educación y Nutrición. Ella tiene extensos conocimientos en educación, enseñanza, asesoramiento e investigación, así como interés y experiencia en la comunicación eficaz con individuos y grupos de distintos orígenes económicos, sociales y culturales.

Lynn Brown, M.P.A., se unió a nuestro personal en febrero de 1988 como Gerente de Servicios Administrativos. La Srta. Brown es licenciada en Administración Pública de la Universidad del Sur de California. Ella tiene diez años de experiencia en el manejo público, así como experiencia en comercialización, finanzas, generación de ingresos y personal. Antes de entrar en Wellstart, la Srta. Brown fue la Directora Ejecutiva

de la YWCA en Denver, Colorado. La Srta. Brown domina el idioma español.

Monica King se unió a nuestro personal en marzo de 1988 como Auxiliar del Personal II. Antes de comenzar a trabajar en Wellstart, la Srta. King trabajó como Especialista en Mantenimiento de Sistemas y Equipo de Telecomunicación en la Base de Fuerzas Aéreas de Hickam en Hawaii, donde adquirió una variedad extensa de habilidades administrativas y de oficina. La Srta. King ha estado trabajando en conjunto con Janine Schooley, Directora del Programa Educativo, referente a todos los aspectos de las actividades educativas.

Marisa Pertierra se unió a nuestro personal en mayo de 1988 como Auxiliar Administrativa. La Srta. Pertierra es originalmente de Argentina y es completamente bilingüe (inglés y español). Antes de comenzar en Wellstart, la Srta. Pertierra fue dueña de su propio negocio, el cual proporcionó servicios de mantenimiento a instalaciones médicas. Sus responsabilidades en Wellstart incluyen recepción, el actuar de secretaria ejecutiva para los Co-Directores, traducción, la adquisición, el procesamiento de texto y otras funciones administrativas.

Bart Johnson comenzó a trabajar en julio de 1988 como Procesador de Texto. El Sr. Johnson tiene experiencia en el procesamiento de texto y datos, y en el manejo en computación. Antes de comenzar en Wellstart, el Sr. Johnson trabajaba en

el Centro Médico de UCSD, Servicios Médicos del Condado, como Auxiliar Administrativo II. El pasó cuatro años con las Fuerzas Navales de los EE.UU.

Jean Reynolds comenzó en julio de 1988 como Auxiliar de Personal I. La Srta. Reynolds vino a Wellstart por medio del Programa de Desarrollo de Empleo del Condado de San Diego. Antes de entrar en Wellstart, ella hizo "un poco de todo," desde hacer pinceles a trabajar en laboratorios fotográficos.

Varios miembros del personal dejaron de trabajar para la organización durante el último año:

Elizabeth (Betty) Jones, R.D., M.P.H., sigue formando parte como miembro activo de la facultad adjunta de Wellstart. Sin embargo, sus nuevas responsabilidades como Directora de los Servicios de la Nutrición en el Hospital para Niños ISSTECALI en Tijuana, Méjico, y sus nuevas tareas y estudios en la universidad para graduados han obligado a la Srta. Jones a renunciar a su cargo de Nutricionista Perinatal. La Srta. Jones actualmente continúa sus estudios para obtener el doctorado en la dirección educativa de la Universidad de San Diego.

Barton Burkhalter, PhD., renunció a su cargo en Wellstart por su interés en el campo de consulta internacional y nacional en programas de salud y nutrición.

Carmen Alvarez había comenzado a trabajar en Wellstart en agosto de 1987 como Auxiliar para la Directora del Programa Educativo, y dejó de trabajar en marzo de 1988 para desempeñar su papel como ama de casa y de madre.

Harriette Iddings se jubiló de su puesto de Gerente Administrativa y Recepcionista en abril de 1988. La Srta. Iddings se dedicará a viajar, cuidando del jardín y disfrutando de la jubilación en general.

Paul (Kip) Otis Diehl renunció a su cargo de Procesador de Texto en julio de 1988 para dedicarse al procesamiento de datos, programación, y su interés como editor.

Este crecimiento tan rápido de personal durante el último año ha hecho necesario la amplia-

ción de las instalaciones administrativas, clínicas y educacionales de Wellstart. Durante el verano y principios del otoño de 1987, se renovaron y ampliaron las instalaciones de Wellstart para satisfacer las necesidades del Programa. Esto incluyó el remodelamiento interior del espacio actual, la expansión para espacio adicional remodelado, y el reformamiento artístico de los jardines de la propiedad.

Un aula de tamaño adecuado fue creada y equipada apropiadamente, así como una pequeña biblioteca para mantener los materiales de referencia, los cuales están en un proceso constante de crecimiento. Ciertas oficinas fueron remodeladas para brindarles privacidad. Se agregó también lugares de estacionamiento y aire acondicionado y calefacción central. El resultado, después del polvo, barro y desorden, fue una pequeña ciudad universitaria de tres edificios unidos a través de patios y jardines.

PARA SU INFORMACION

Cursos en la Educación del Manejo de la Lactancia:

Desde abril, Wellstart ha ofrecido cuatro cursos internacionales en la educación/instrucción en el manejo de la lactancia:

- 1) Se ofreció un curso de cuatro semanas del 10 de agosto al 4 de septiembre de 1987 para 12 participantes de Indonesia, Tailandia y Filipinas. Tres jefes del Hospital de Nakornrajishima en Tailandia también asistieron a las primeras dos semanas de esta sesión.
- 2) Otro curso de cuatro semanas fue ofrecido del 26 de octubre al 20 de noviembre de 1987 para 12 participantes de Kenia, Sierra Leona y Swazilandia.
- 3) Del 7 al 17 de diciembre de 1987 se ofreció un curso de 10 días para 11 profesionales de

salud de El Salvador. Este curso más corto fue completamente en español, con la ayuda de traductores y cuerpo docente bilingüe. La Dra. Verónica Valdés, una participante de Chile del curso de agosto-septiembre de 1986, regresó en diciembre a San Diego como miembro del cuerpo docente.

- 4) El curso siguiente de cuatro semanas se llevó a cabo del 23 de mayo al 17 de junio de 1988 para 14 participantes de Indonesia y Filipinas.

Fechas de Cursos Futuros:

- 1) 29 de agosto al 23 de septiembre de 1988 (los participantes incluirán seis participantes de Uganda, cinco de México y cuatro de Egipto.
- 2) 5 al 16 de diciembre de 1988 (curso en español de dos semanas planeado para 15 participantes de Bolivia).
- 3) 16 al 27 de enero de 1989 (curso en español de dos semanas para participantes del Ecuador y Perú).
- 4) 13 de febrero al 10 de marzo de 1989.
- 5) 15 de mayo al 9 de junio de 1989.
- 6) 7 de agosto al 1 de septiembre de 1989.

Para fines de septiembre de 1988, Wellstart habrá ofrecido su Programa Internacional de Educación en el Manejo de la Lactancia a 146 profesionales de salud de 17 países.

Una visita complementaria fue hecha por la Dra. Naylor y Ruth Wester a Indonesia del 11 de septiembre al 3 de octubre de 1987. Este viaje también incluyó una estadía breve en Bangkok, Tailandia para reunirse con el personal de la Misión de AID, el grupo del Hospital Siriraj y otros individuos claves. La Dra. Naylor y Ruth Wester también hicieron una visita complementaria a Bolivia del 26 al 31 de marzo de 1988. Este viaje a Sudamérica incluyó una visita de "re-

conocimiento" a Ecuador para reunirse con el personal clave de USAID y de la Dirección General de Salud y otro personal, para hablar de las necesidades respecto a la supervivencia de los niños en Ecuador y la posibilidad de utilizar los servicios de Wellstart. La Dra. Verónica Valdés (pediatra, Chile; curso de agosto-septiembre de 1986) acompañó a la Dra. Naylor y Ruth Wester como traductora y asesora durante la visita a estos dos países.

SEMINARIO DE INVITACION EN LA REGION ASIATICA SOBRE EL MANEJO DE LA LACTANCIA Y ACONTECIMIENTOS RELACIONADOS

Bali, Indonesia

Del 7 al 9 de julio de 1988 se realizó el Quinto Congreso "Asia-Oceanía" de Perinatología en Denpasar, Bali, Indonesia. Antes del Congreso, Wellstart, con el apoyo del Departamento de Asia-Próximo Oriente de USAID, y en cooperación con la Sociedad de Indonesia en Perinatología (PERINASIA), patrocinó un seminario regional para sus participantes invitados del sureste de Asia y para funcionarios claves de los gobiernos de Indonesia, Tailandia y Filipinas. Además, se hicieron unos preparativos para que los graduados de Wellstart pudieran tomar parte en un seminario de dos días previo al Congreso sobre los recientes desarrollos científicos respecto a la investigación de la lactancia y el amamantamiento, el cual organizó PERINASIA. Wellstart apoyó cuatro oradores internacionalmente conocidos para la reunión. Wellstart organizó también varias otras actividades con el fin de poner al día los conocimientos acerca de la lactancia de los participantes del programa, incluso un día dedicado a la clínica actual para enfermeras graduadas, el cual fue ofrecido por Ruth Wester, así como una oportunidad para los graduados médicos para asistir al Congreso de la Perinatología. Varios individuos con responsabilidades claves de dirección en la sociedad de PERINASIA son graduados de Wellstart (Dr. Rulina, Dr. Winahyo y Dr. Soetjningsih).

Con la intención de compartir algunos de los aspectos positivos, la emoción y el trabajo comprendido, hemos enumerado abajo una breve descripción del seminario y los acontecimientos relacionados.

El Seminario de Invitación en la Región Asiática Sobre el Manejo de la Lactancia

El seminario realizado del 30 de junio al 3 de julio de 1988 fue diseñado para proporcionar a los graduados del Programa e invitados de USAID, UNICEF, WHO y las Direcciones Generales de Salud de Indonesia, Tailandia y Filipinas, una oportunidad de compartir información y experiencias, desarrollar métodos para la ampliación de oportunidades acerca de la enseñanza del manejo de la lactancia y discutir estrategias para el desarrollo de programas nacionales y regionales.

Durante el seminario de tres días, los graduados del Programa presentaron informes sobre ejemplos de cada uno de los tres países sobre los temas siguientes:

- El desarrollo de programas modelos de la lactancia;
- La ampliación de los esfuerzos acerca de la enseñanza (tanto en el hospital como en la comunidad);
- Los Programas vigentes y planeados para promover y proteger la lactancia.

Además, los participantes del seminario se dividieron en dos tipos de grupos funcionales: Interdisciplinario (3) y Nacional (3).

Los grupos funcionales interdisciplinarios discutieron las estrategias para superar la resistencia disciplinaria al cambio, y el papel del grupo interdisciplinario en el manejo de la lactancia respecto a la promoción del amamantamiento en el nivel de la asistencia primaria. Los grupos funcionales nacionales discutieron métodos por los cuales los graduados del Programa pueden contribuir a la ampliación y al desarrollo de programas nacionales en sus propios países.

Cada grupo funcional se reunió durante una tarde y una mañana para discutir y desarrollar recomendaciones para la presentación durante la

sesión plenaria. Así el seminario se desarrolló por medio de descripciones de las actividades actuales, intensas discusiones a través de las disciplinas dentro de cada país, al desarrollo de planes nacionales por los graduados y representantes de la Dirección General de Salud. Aunque este seminario fue el primero en realizarse, el entusiasmo y la dedicación de los graduados del Sureste de Asia, los invitados y el éxito tremendo de este seminario, son muestra evidente que no debería ser el último. Reuniones adicionales de los graduados del sureste de Asia, reuniones de graduados en Africa y América Latina o incluso una reunión mundial de los graduados son una posibilidad.

Seminario Internacional de la Lactancia

Fue realizado del 4 al 5 de julio de 1988 para comunicar la información actual sobre la leche materna y la lactancia. Todos los participantes del seminario, así como los inscritos en el Congreso, fueron invitados a asistir a este seminario antes del Congreso. Wellstart patrocinó siete de los nueve oradores enumerados abajo.

Los temas presentados fueron:

- "La Producción de Leche por la Célula Mamaria," Dra. Margaret Neville, Sección de Fisiología, Facultad de Medicina, Universidad de Colorado
- "El Papel de la Lactancia en el Desarrollo Psicosocial y Cultural," Dra. Suzanne Dixon, Sección de Pediatría, Facultad de Medicina, Universidad de California, San Diego
- "El Uso de la Leche Materna en Enfermedades diarreicas y Otras Enfermedades Gastroenterológicas," Dr. Suharyono, Sección de Sanidad de los Niños, Gastroenterología, Facultad de Medicina, Universidad de Indonesia, Yakarta
- "El Aumento de Peso Lento/Producción Insuficiente de Leche," Dra. Nancy Powers, Wellstart
- "La Transferencia Bioquímica e inmunológica de la Madre al Bebé Mediante la Leche

Materna," Dra. Margit Hamosh, Sección de Pediatría, Fisiología y Biofísica, El Centro Médico de la Universidad de Georgetown

- "El Código WHO Referente a la Comercialización de PASI y su Implementación en Indonesia," Sr. Az. Nasution, La Liga Indonesa Para Consumidores
- "El Uso de Estrategias Educativas Para Promover la Lactancia: Un Caso en Particular en Tailandia," Dr. Somchai Durongdej, Facultad de Sanidad Pública, Universidad de Mahidol, Bangkok
- "La Lactancia y la Fecundidad," Dr. Alan McNeilly, Unidad de Biología Reproductora, Centro Para la Biología Reproductora, Universidad de Edimburgo
- "La Cuestión de SIDA y la Lactancia," Dra. Audrey Naylor, Wellstart

Información Actual Para Enfermeras

El 7 de julio de 1988 Ruth Wester presentó un informe acerca del manejo clínico de la lactancia para las 25 enfermeras graduadas del Programa. Un enfoque primordial de esta reunión fue basado en los intereses y necesidades de las enfermeras para ayudarles a ser miembros más eficaces y mejor informados en sus grupos para el manejo de la lactancia.

Las actividades incluyeron la presentación de información reciente acerca del manejo de la lactancia, un intercambio de experiencias clínicas, información sobre la evaluación oral-motor del bebé amamantado e información respecto a como enfrentar el manejo de casos en una manera sistemática. Información fue proporcionada respecto a métodos apropiados para cambiar las prácticas en los hospitales que no apoyan la lactancia.

Para asegurar que todas las enfermeras, incluso las que no dominaban el inglés, pudieran aprovechar al máximo de esta información, tres graduados médicos (Dr. Wirapong, Tailandia, curso de enero-febrero de 1984, Dr. Suwunne, Tailandia, curso de agosto-septiembre de 1987 y

Dr. Fatimah, Indonesia, curso de mayo-junio de 1988) fueron invitados a actuar como "enfermeras por un día" para traducir simultáneamente.

ACTIVIDADES ADICIONALES DE WELLSTART

Wellstart ha solicitado y recibido aprobación de USAID en Washington para ampliar su período actual de proyectos hasta septiembre de 1989. A fines de este año una propuesta para fondos adicionales será desarrollada.

La conciencia pública y profesional acerca del Programa, la lactancia, la Campaña GOBI y temas sobre la supervivencia infantil aumentaron durante el año pasado mediante varios medios:

- Se realizó una Recepción General en las Facilidades de Wellstart el 29 de octubre de 1987 para la supervivencia infantil conjuntamente con el Comité de los EE.UU. para la Campaña de UNICEF dirigida a la supervivencia infantil.
- La alcalde de la ciudad de San Diego proclamó la "Semana de la Supervivencia Infantil" en nombre de Wellstart en octubre de 1987.
- La Cadena de Noticias (CNN), a través de televisión a cable, filmó y transmitió un programa por la televisión nacional sobre el Programa de Wellstart, presentando el curso educativo en el manejo de la lactancia para profesionales de salud de El Salvador que se llevó a cabo en diciembre de 1987.

En octubre de 1987, Wellstart y el Centro Médico de UCSD recibieron apoyo financiero del Departamento de Salud y Servicios Humanos para proveer instrucción sobre el manejo de la lactancia a grupos multidisciplinarios (médicos, enfermeras y nutricionistas) de secciones de salud materna e infantil en cada una de diez regiones de salud en los EE.UU. Nueve de estos grupos formaron parte de un curso de seis días en San Diego en abril de 1988. El décimo grupo de las Islas Vírgenes participó en un curso de dos se-

manas que se ofreció del 25 de julio al 5 de agosto de 1988 para grupos de varias islas de la Cuenca Pacífica relacionadas con los EE.UU.

COMUNICACION DE ACTIVIDADES

La Región del Sureste de Asia

En preparación para el seminario regional de los graduados en Bali, se solicitó a los participantes del Programa de Indonesia, Tailandia y Filipinas que completaran un formulario describiendo las actividades en sus hospitales en la actualidad y un cuestionario sobre las actividades del grupo desde que participaron en el Programa de Wellstart. Parte de la información está detallada abajo: (antes = datos reunidos del primer formulario de descripción del hospital; después = datos reunidos del formulario de descripción del hospital completado en mayo-junio de 1988)

Partos Anuales en la Actualidad

	Número de Hospitales		Promedio de los Hospitales
	Total	Total	
Indonesia	11	38,261	3,478
Tailandia	2	25,770	12,885
Filipinas	2	30,917	15,459
Total	15	94,948	6,330

Promedio de Edad en Horas al Primer Amamantamiento
(calculado en el promedio de partos anuales)

	ANTES		DESPUES		% Reducción
	Parto Normal	Parto Cesárea	Parto Normal	Parto Cesárea	
Indonesia	9.6	46.7	5	18.4	95%/61%
Tailandia	9.0	-	3.5	-	61%
Filipinas	3.1	-	1.2	-	65%
Total	7.9	-	1.2	-	85%

Porcentaje de Partos de Amamantamiento Exclusivo a la Hora de Alta
(Calculado en el Promedio de partos anuales)

	ANTES		DESPUES		% Incremento
	Parto Normal	Parto Cesárea	Parto Normal	Parto Cesárea	
Indonesia	70%	51%	87%	80%	+17%/+29%
Tailandia	88%	-	93%	83%	+5%
Filipinas	22%	-	99%	99%	+77%
Total	63%	51%	91%	85%	+28%

Porcentaje Actual del Personal de Cuidado Perinatal Oficialmente Entrenados en el Manejo de la Lactancia

Indonesia	40%
Tailandia	56%
Filipinas	61%
Total	47%

Porcentaje de Hospitales con un Comité para la Lactancia

	Antes	Después
Indonesia	67%	100%
Tailandia	0%	100%
Filipinas	0%	100%
Total	40%	100%

Porcentaje de Hospitales con un Especialista en Lactancia

	Antes	Después
Indonesia	0%	90%
Tailandia	0%	100%
Filipinas	0%	100%
Total	0%	93%

Porcentaje de Hospitales en los Cuales los Bebés Amamantados Reciben Habitualmente Suplementos Adicionales

	Antes	Después	Reducción
Indonesia	70%	20%	71%
Tailandia	100%	0%	100%
Filipinas	100%	0%	100%
Total	79%	14%	82%

Porcentaje de Hospitales en los Cuales los Bebés Amamantados Reciben Biberón Antes del Primer Amamantamiento

	Antes	Después	Reducción
Indonesia	70%	0%	100%
Tailandia	50%	0%	100%
Filipinas	100%	0%	100%
Total	70%	0%	100%

Porcentaje de Hospitales con un Cambio de Programa de Estudios desde su Participación en el Programa de Wellstart

	Facultad de Medicina	Colegio de Enfermeras
Indonesia	40%	44%
Tailandia	50%	50%
Filipinas	100%	100%
Total	0%	54%

Porcentaje de Hospitales Cuyos Grupos Han Influenciado los Cambios en el Programa de Estudios Para Profesionales de Salud

Indonesia	67%
Thailand	50%
Philippines	100%
Total	67%

Estas cifras son particularmente notable, ya que más de 94,000 partos por año ocurren en estos hospitales.

Indonesia

Hospital del Dr. Kariadi, Semarang (Sra. Ong, Dr. Soetadji, Dr. Suharsono, Sra. Nur, Dr. Fatimah, Dr. Kamilah, Sra. Endrawati, Sra. Imbarwati)

El grupo de Semarang ha proporcionado enseñanza e instrucción sobre el Manejo de Lactancia y de habitación conjunta para la madre e hijo después del parto durante el año pasado. En noviembre de 1987 se ofreció un curso nacional para profesionales de salud de seis hospitales de provincia en Indonesia. En abril de 1988 otro

curso regional se llevó a cabo para profesionales de salud de seis hospitales en Java Central. Además, otros grupos de Indonesia con menos experiencia han solicitado al grupo de Semarang para que ofrezcan consultas y asistencia educativa.

Hospital de Bethesda Tomohon, Sulawesi del Norte (Dr. Albert Gerung y Sra. Lientje)

Desde abril de 1986 se han producido los siguientes cambios en los procedimientos de hospitales:

Partos Normales:

- El bebé amamanta inmediatamente después del parto;
- 1 a 2 horas después del parto, madre y bebé entran a la habitación conjunta al lado de la sala de partos;
- Ninguna alimentación antes de la lactancia;
- Lactancia a libre demanda;
- El médico a cargo y enfermeras hacen visitas rutinarias a todas las madres y hablan con ellas acerca del manejo de la lactancia;
- No hay limitaciones en las horas de visita.

Partos Anormales:

- Los bebés nacidos por extracción al vacío siguen los mismos procedimientos que los bebés nacidos por parto normal;
- Los bebés nacidos por cesárea permanecen en una sala especial durante 2 a 3 horas después del parto para poder ser observados, y luego se reúnen a sus madres en la sala de recuperación (parcial habitación conjunta). Después de 2 días la madre y el bebé se reúnen en la habitación conjunta.

Bebés que Pesan Poco al Nacer (2.000 g y menos):

- Requieren cuidado especial en la incubadora y con alimentación nasogástrica de la leche materna extraída.
- El número y los porcentajes de los bebés amamantados exclusivamente aumentaron

desde abril de 1986 del 32.7/61.9% al 86.6/93.9%.

Junto con estos cambios de procedimiento, también se han tomado las siguientes medidas:

- El personal obstétrico y las enfermeras pueden manejar mejor la lactancia y valorar más la necesidad del amamantamiento temprano y exclusivo.
- Cursos se han ofrecido sobre el manejo de la lactancia y el amamantamiento dirigidos a las enfermeras y al personal de PHC.
- Enfermeras y doctoras son utilizadas como modelos en la promoción de lactancia en el hospital.

Tailandia

Hospital de Maharaj Nakornrajsima, Korat (Dr. Ruchira, Dr. Panwajee, Dr. Mongkol, Srta. Ratana, Srta. Malee, Dr. Payom, Dr. Vorapun, Dr. Suwunne, Srta. Sa-ngob, Srta. Nuallaor, Srta. Orapan, Srta. Saraswatee, Srta. Poahong)

Además de una variedad amplia de enseñanza profesional y no profesional tanto dentro como fuera del hospital, el grupo de Korat ha llevado a cabo lo siguiente:

- Se estableció un comité funcional de lactancia.
- El Departamento de Medicina Social estableció un grupo voluntario de apoyo compuesto de madres y sus hijos de escuela primaria.
- En noviembre-diciembre de 1987 se estableció la habitación conjunta total para madres e hijos. Los recién nacidos y sus madres son trasladados directamente de la sala de partos a la sala de post-parto (no hay sala exclusivamente para bebés).
- Las madres que trabajan en la sección de archivos médicos han sido informadas acerca de los beneficios de la lactancia y se les pide que lleven a sus bebés para amantar al trabajo.
- El 8 de diciembre de 1987 se inició una clínica un día a la semana dedicada a la

lactancia en la sección de los pacientes no internados.

- Un programa intensivo para la enseñanza de salud fue creado, incluyendo la distribución de materiales de promoción tal como camisetas, paquetes de regalo, y etiquetas adhesivas.
- Una asociación dedicada a la lactancia se reúne cada dos meses.

Estos logros forman parte del nuevo Programa Comprensivo Integrado para la Promoción de la Lactancia del hospital, y proyectos para el desarrollo de un centro regional de lactancia para la enseñanza, la promoción y la investigación ya están en curso.

Hospital de Siriraj, Bangkok (Srta. Ubon, Dr. Wirapong, Dr. Uapong, Dr. Suaree)

Los logros incluyen cambios en las normas del hospital, la modificación del programa de estudios de médicos y enfermeras y una amplia variedad de enseñanza local, regional y nacional para profesionales de salud.

Más recientemente, durante febrero y junio de 1988, se llevaron a cabo cinco seminarios de dos días, cada uno acerca de la lactancia, para 300 enfermeras en las secciones de pediatría y obstetricia-ginecología; en noviembre de 1987, se ofrecieron dos seminarios de dos días cada uno para directores de hospitales, jefes de medicina social, farmacéuticos y especialistas en enseñanza de salud de 32 provincias en el norte y noreste de Tailandia; en abril de 1988 se ofreció un seminario de un día para 40 directores de hospitales, médicos y enfermeras de cinco Centros Regionales para la Promoción de Salud; y en febrero de 1987 y abril-junio de 1988, 290 participantes (incluyendo jefes de Secciones de Promoción de Salud) asistieron a seis conferencias de dos horas cada una. Los miembros del grupo han actuado como especialistas para varias instituciones, más notablemente las Divisiones de Nutrición y Salud Familiar de la Dirección General de Salud. Un

miembro del grupo fue nombrado parte del Comité para la Preparación de un Manual para Madres sobre la lactancia, al igual que al Comité que revisará el código de comercialización de sustitutos de la leche materna organizado por la Administración de Alimentos y Medicamentos en febrero de 1988.

Chile

*Universidad Católica de Chile, Santiago
(Dra. Verónica Valdés y Dr. Antonio Mackenna)*

El grupo chileno ha ofrecido varios cursos respecto a la lactancia para enfermeras post-graduadas, parteras, estudiantes de medicina e internos desde el principio del Programa en 1986 (se ofrecieron aproximadamente 17 sesiones hasta septiembre de 1987). El grupo ha trabajado mucho para fomentar el comienzo de la lactancia lo antes posible después del parto mediante cambios en las normas y los procedimientos del hospital y para incluir la lactancia en toda su enseñanza. Los dos son miembros del Comité de la Lactancia de la Sociedad Chilena de Pediatría.

Dr. Mackenna ha estado trabajando en dos proyectos de investigación: El Período Infecundo después del Parto: El Efecto de la Promoción de la Lactancia (XI de 1987 a IV de 1990); y El Efecto del Sulpiride en la Composición de la Leche Humana (XI de 1987 a IV de 1988).

Además de su trabajo en la Universidad Católica, la Dra. Valdés es en la actualidad Investigadora Principal y Directora de las Clínicas en el Proyecto de Promoción de la Lactancia en el Hospital de San Bernardo. Este proyecto incluye servicios clínicos, docentes y de promoción así como esfuerzos para cambiar las normas del hospital. La Dra. Valdés es también una de los autores de un libro para madres sobre la lactancia, el cual está actualmente en prensa. Como reiteración, la Dra. Valdés formó parte de un grupo de especialistas de asistencia técnica con la Dra. Naylor y Ruth Wester en Ecuador y Bolivia en marzo de 1988.

ASPECTOS NOTABLES

El Hospital Conmemorativo del Dr. José Fabella

En este número destacaremos el grupo del Hospital Conmemorativo del Dr. José Fabella en Manila, Filipinas. Los miembros del grupo son la Dra. Isabelita Vital-Gozon, la Srta. Emerita Santos, la Dra. Consolación de Guzman, la Dra. Aurora Pabustan, la Srta. Rhodora Bagalay, y el Dr. Ricardo Gonzales.

El Hospital Fabella es el hospital de maternidad más grande y activo del país, con 700 camas y 80 a 100 partos por día. Seis facultades de medicina y varios colegios de enfermeras están aficionados al hospital. El hospital dirige también una escuela de partería que gradúa a 120 parteras cada año.

Un plan de desarrollo para un Programa de Lactancia y Amamantamiento fue formulado en octubre de 1987 y presentado y aprobado por el Director del Hospital. El grupo creó un Comité de Manejo de la Lactancia para examinar nuevamente las normas y formular recomendaciones, crear programas educativos, dirigir actividades, evaluar estrategias y establecer una red con otros grupos y agencias.

En menos de ocho meses el Comité logró lo siguiente:

- 1) Planeó y llevó a cabo un programa educativo para instructores, el cual fue basado en el modelo de Wellstart. Este es un curso de 40 horas dividido en partes didácticas y prácticas. Hubo 15 participantes en el primer curso que se realizó en la primera parte de 1988: cuatro especialistas pediátricos, cuatro especialistas de obstetricia-ginecología, tres enfermeras supervisoras y cuatro instructoras de parteras.
- 2) Evaluó y modificó el programa de estudios para incluir como llevar a cabo los cambios, conseguir las metas y evaluar las técnicas didácticas. Los 15 participantes han a su vez ayudado a dirigir un curso similar para otros 15 participantes.

- 3) Planeó un programa de enseñanza para estudiantes para parteras.
- 4) Fundó un pequeño banco de leche con la ayuda de las enfermeras supervisoras y los estudiantes de partería.
- 5) Incluyó la asignatura de la lactancia en todos los programas educativos para graduados y estudiantes.
- 6) Integró el manejo de la lactancia en la Clínica de Menores de Seis Años.
- 7) Hizo varias investigaciones acerca de la lactancia y el amamantamiento. Estas incluyen "La Lactancia Después de la Segunda Etapa del Parto: Sus Efectos en la Pérdida de Sangre de la Madre" y "El Conocimiento, Actitud y las Prácticas de los Empleados de Salubridad del Hospital Conmemorativo del Dr. José Fabella Respecto a la Lactancia: Un Estudio de 355 Empleados."
- 8) Estableció una Agencia de Oradores.

El programa de habitación conjunta del Hospital Fabella es verdaderamente asombroso, tanto en el número como en la esfera de acción. Las normas básicas del Programa son:

- 1) La leche utilizada, ante todo, es la leche materna.
- 2) El intervalo entre el parto y el primer amamantamiento debe ser lo menos posible.
- 3) El índice del amamantamiento continuo debe ser incrementado lo más posible.

Las normas de la habitación conjunta son:

- 1) Debe incluir instalaciones para la higiene personal.
- 2) El ambiente de la habitación conjunta debe ser cómodo para la madre y seguro para el bebé.
- 3) Influencia de madre a madre debe ser fomentada, más que la influencia del profesional de salubridad.

- 4) Se prohíbe terminantemente la presencia de biberones.

El Programa de la Lactancia de Fabella es un ejemplo impresionante e importante de como un hospital de gran tamaño y actividad puede estimular y proteger con éxito la lactancia exclusiva y temprana.

LA DECLARACION FILIPINA

El grupo funcional nacional de Filipinas anunció la siguiente declaración de afirmación de misión en el Seminario de Invitados en Bali:

En un país en desarrollo, la lactancia no es sólo una cuestión médica sino socio-económica también, la cual afecta la calidad de la vida, no sólo de individuos sino de familias, comunidades y de la nación en su totalidad. Nosotros, los graduados del Programa de Lactancia de Wellstart de San Diego, afirmamos por la presente nuestra firme convicción y compromiso de promover y proteger la lactancia para una nación sana filipina. Creyendo en el carácter fuerte de los filipinos, tenemos fe que conseguiremos nuestra meta de llegar a la calidad de vida verdaderamente digna para nuestros niños y finalmente para todos nuestros vecinos de Asia.

ANUNCIOS

La Dra. Marina Ferreira Rea (pediatra, Brasil; curso de abril de 1985) es una de los autores de un artículo titulado, "El Restablecimiento Reciente de la Lactancia en la Ciudad de Sao Paulo, Brasil," el cual fue publicado en el número de agosto de 1987 del American Journal of Public Health (tomo 77, num. 8).

Nuestras felicitaciones a la Dra. Roxana Sauneo (pediatra, Bolivia; curso de agosto-septiembre de

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1986), quien contrajo matrimonio en el invierno de 1987, y a la Dra. Suwunne (pediatra, Tailandia; curso de agosto-septiembre de 1987) quien contrajo matrimonio en la primavera de 1988. Nuestros mejores deseos de felicidad!

Felicitemos también a la *Dra. Isabelita Vital-Gozon* (pediatra, Filipinas, curso de enero-febrero de 1984) por su promoción al principio de este año al puesto de Directora del Centro Médico Nacional de Niños en Manila, Filipinas.

Gracias a todos por continuar informándonos acerca de sus actividades y logros. Continúen con el buen trabajo!

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WELLSTARTSM
P.O. Box 87549
San Diego, CA 92138 U.S.A.
Teléfono: (619) 295-5192

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