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NIGERIA TRIP REPORT

MAY 27 - JUNE 16, 1992

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MotherCare/John Snow, Inc.**

**Report Prepared for
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TABLE OF CONTENTS

| | |
|-----------------------------------------------------------------------------------------------------------------|------------------|
| Acronyms | 3 |
| Acknowledgements | 4 |
| I. Executive Summary | 5 |
| II. Purpose | 7 |
| III. Trip Activities | 7 |
| A. Seminar for orientation to maternal health and safe motherhood | 7 |
| B. Visits to Oyo/Osun and Bauchi States | 8 |
| C. Meetings with Representatives from FMOH and State Ministry of Health of Oyo and Bauchi State | 10 |
| IV. Major Findings and Recommendations | 12 |
| V. Summary of Follow-Up Activities | 15 |
| VI. Appendices | 17 |
| Appendix A. Agenda for Seminar on Maternal Health | 17 |
| Appendix B. Travel schedule | 18 |
| Appendix C. Research Plan: Maternal Health Care Project Formative Research | 21 (31 pages) |
| Appendix D. Revised draft of Breastfeeding Meeting | 22 |
| Appendix E. Contact List | 27 |

ACRONYMS

| | |
|-------------------------------------------------------------------|---------|
| American College of Nurse Midwives | ACNM |
| Community Birth Attendant | CBA |
| Family Health Services Project | FHS |
| Federal Ministry of Health | FMOH |
| Information, Education, Communication | IEC |
| The Johns Hopkins University/Population Communication Services | JHU/PCS |
| John Snow, Inc. | JSI |
| Local Government Administration | LGA |
| Lagos University Teaching Hospital | LUTH |
| Primary Health Care | PHC |
| Public Opinion Polls, Inc. | POP |
| State Ministry of Health | SMOH |
| State Health Management Board | SHMB |
| Traditional Birth Attendant | TBA |
| Vesico-vaginal Fistula | VVF |

ACKNOWLEDGEMENTS

MotherCare wishes to thank the Federal Ministry of Health and in particular Dr. P. Okungbowa, Deputy Director, FMOH/PHC and Dr. A.A. Adeyemi, Assistant Director, FMOH/PHC for continued support to the MotherCare Project.

Appreciation is expressed to the Hon. Commissioner of Health, Oyo State and the Staff of the Ministry of Health of Oyo and Bauchi State for the time afforded for the organization of the MotherCare Project. Special thanks to Mrs. Helen Riad Jammal, Asst. Chief Health Sister, MOH Bauchi for accompanying the MotherCare and POP team in Bauchi State.

Special thanks are extended to Mr. Gene Chiavaroli, AAO/USAID, Dr. John McWilliam, Project Administrator, FHS; Mr. Rudolph Thomas, PO, USAID; Mrs. Susan Krenn, Country Representative, JHU/PCS/FHS; Mrs. Lola Payne, MotherCare Country Co-ordinator, Mrs. Data Phido, MotherCare IEC Country Co-ordinator, Mr. U.S.A. Nnanta, MotherCare Administrator; Mr. George Oligbo, Director of Operations and his Staff, FHS; and all FHS Staff for their assistance and co-operation during the preparations for the Formative Research Component of the Maternal Health Care Project.

I. Executive Summary

the main objective of the MotherCare Women's Health Advisor's trip to Nigeria was to assist in the development of the qualitative research for the I.E.C. component of the MotherCare Maternal Care Project in Nigeria.

Specific activities included the identification of the most important socio-demographic, cultural and pathological causes which contribute to maternal mortality and morbidity in Oyo and Bauchi States and the uncovering of factors influencing access and utilization of maternity services.

Seminar on Maternal Health and Safe Motherhood

Family Health Services JHU/PCS hosted a seminar for members of the selected Research Company Public Opinion Polls, POP, Staff of the FMOH, PHC Division and MotherCare Staff on maternal health and safe motherhood. The film 'Why did Mrs. X die' was shown. A global overview of maternal mortality and its causes was given. A presentation of the MotherCare Project in Nigeria was made. Gaps in knowledge were identified based on which the major research issues were determined.

Visits to Oyo and Bauchi States

A three day visit was made with members of POP to each of the two States selected for Midwife Training for Life Saving Skills, formative research and an IEC campaign to take place. The training hospitals, sub-centers and LGA maternities were visited. Valuable insights were gained regarding maternal health problems, constraints in accessing services and provision of services. Key personnel were identified in the Ministries of Health and the hospitals who would be able to facilitate the organization of the formative research.

I.E.C. Strategy

The question guides for focus group discussions and in-depth interviews were drafted, reviewed and revised according to additional information gained during the field visits. The completed draft was distributed to POP, JHU/PCS/FHS and MotherCare. These are being reviewed by MotherCare/Manoff in USA and JHU/PCS/FHS together with POP in Lagos. Recruitment guides will be drafted by POP together with MotherCare/JHU in Lagos.

The final proposal of POP was being faxed for submission to Contracts before the MotherCare Representative's departure.

Breastfeeding Strategy

PHC/FMOH called a small meeting of FMOH/PHC Staff, MotherCare and the Acting Head of Department of Paediatrics, LUTH, to finalize the agenda, discuss the products and revise the budget for the National Breastfeeding meeting to take place in the first week of June 1992. This document was forwarded to MotherCare, USA on 15 May, 1992.

II. Purpose of Visit

The primary objective of this trip to Nigeria was:

- * To assist in the development of the qualitative research for the IEC component of the MotherCare Maternal Care Project.

To this end specific tasks included:

1. To facilitate a one day seminar on maternal health and maternal mortality issues with FMOH Staff, FHS/IEC Staff and the Research Company
2. To conduct site visits of 2-3 days to each of the selected States (Oyo/Osun and Bauchi) with the MotherCare/JHU IEC Program Officer and members of the Research Company (POP) to identify issues the research will focus on
3. To revise and finalize the research plan with the Research Team
4. To develop and discuss the question guides for each audience with the Country Representative JHU/PCS/FHS, MotherCare/JHU IEC Program Officer and Research Company

III. Trip Activities

A. Seminar for Orientation to Maternal Health and Safe Motherhood

Mrs. Susan Krenn, JHU/PCS Country Representative, extended an invitation to Staff of the Federal Ministry of Health, Primary Health Care Division and Health Education Branch and the Research Company, Public Opinion Polls (POP) to attend a one-day seminar on Maternal Health Care Research organized by the FHS/MotherCare Project which was held on April 30, 1992 in FHS. Responsibility for the process of the workshop was shared between Mrs. Susan Krenn, Mrs. Data Phido, Mrs. Lola Payne and the two MotherCare Representatives Miss Gail Allison and Dr. Barbara Kwast.

The agenda of the workshop is contained in Appendix A.

The objectives of the workshop were:

1. To provide an orientation to maternal and child health issues both globally and in Nigeria with particular emphasis on maternal mortality and morbidity and the Safe Motherhood Initiative.
2. To present an overview of the MotherCare project in Nigeria
3. To share ideas on what is known about the maternal and child health profile and services in Oyo/Osun and Bauchi State.

4. To discuss and define how the formative research will support the interventions and strategies of the MotherCare Project.

The presentations and the showing of the film 'Why did Mrs. X die' formed an excellent basis for a rich and emotive discussion regarding the problems of maternal mortality and morbidity and their underlying causes. Most of the participants had not seen the film before and it made a deep impression. Mrs. C. Nwagwu of the FMOH Health Education Division made the suggestion that this film should be made available to each State in Nigeria and be shown to the wife of the respective Governors to activate the women's organizations and through these The Better Life for Rural Dwellers campaign into greater action for Safe Motherhood. Mrs. Ogunnmayin of the Primary Health Care Division was given the film upon her request to show during child survival and immunization campaigns which she was involved with following this seminar. The MotherCare Representative will endeavour to acquire 31 copies of the film from WHO for FMOH Health Education Division.

The group discussed the components of a situation analysis for maternal health and highlighted specific problem areas relative to the major causes of maternal deaths and morbidity about which little was known and needed to be addressed in the research. Data on antenatal and delivery coverage are not readily available. While it is known that women seek care too late in dire emergencies, a better understanding about traditional belief systems and the process of accessing care needs to be obtained. Key decision makers in the community for in depth interviews were identified: traditional healers, village heads/traditional rulers, religious leaders, local pharmacists, market women and men, women's organizations, farmers' co-operatives, agricultural extension workers.

B. Preparation and Visits to Oyo/Osun and Bauchi States

The schedule of activities is outlined in Appendix B and the list of contacts is contained in Appendix C.

The two 3-day visits to Oyo/Osun and Bauchi State were preceded by two meetings with the Project Directors and Research Executives of POP, JHU/PCS and MotherCare Staff. Inclusion of women research associates, women interviewers, budget revisions, segmentation of target groups for focus group discussions and in-depth interviews and review of the draft discussion guides as contained in the POP proposal were discussed.

In the second meeting the first revision of the proposal was available and three women Research Associates were present. The revised proposal was forwarded to MotherCare, Arlington and it was decided that Mr. Femi Odusi, Project Director and Miss Dupe Amodu should accompany Mrs. Data Phido and the MotherCare Representative to Oyo/Osun and Bauchi States.

The visit in each state began with a courtesy call to the State Ministry of Health (SMOH) who had been informed of our prospective visit by the MotherCare Country Co-ordinator during the needs assessment with MotherCare/ACNM consultant Miss Gail Allison (c.f. ACNM/MotherCare Nigerian Training Needs Assessment Trip Report, April 6-30, 1992). All people met were enthusiastic about the planned training project and were interested to learn about the formative research and pleased to meet with representatives of POP.

Other visits:

In Oyo State: The FMOH Primary Health Care Zone B Office; Ibadan;
The Adeoyo Maternity Hospital, Ibadan;
The Oyo State Hospital, Oyo;

In Osun State: The Osogbo Hospital

In Bauchi State: Bauchi General Hospital, Bauchi;
Darazo LGA Maternity;
Darazo General Hospital;
Azare General Hospital;
Misau General Hospital;
Gombe urban LGA Maternity;
Gombe General Hospital;

The purpose of the site visits with members of POP was to familiarize them with the hospital and community maternity services; to obtain first hand information on maternal health and mortality problems from obstetricians/gynaecologists, nurse midwives and general medical officers; to visit antenatal clinics, labour and postnatal wards and gain an insight into clinical problems and to have an opportunity to interview patients and relatives faced with complications during childbirth. Interviews were conducted with midwives working in Local Government (LGA) clinics to learn about their links with the community and traditional birth attendants, the referral mechanism for emergency cases, content of health talks to women in antenatal clinics, contact with the family of women identified at high risk, teaching of danger signs. Everywhere discussions were held on availability of equipment and supplies, and the mechanism to deal with shortages of supplies and drugs. Obstetricians and medical officers were asked their opinion about an expanded role of the midwife and so were the midwives themselves. In Bauchi State an unscheduled visit was paid to a village between Toro and Bauchi which afforded a group discussion between the visitors, the traditional birth attendant, traditional healers and pregnant and non-pregnant women. This visit demonstrated the mechanism for entering a village in the north, determining the existence of a traditional birth attendant and gaining access to women in a secluded area.

The Research Company was enabled through the many introductions to identify a quorum of key people in the PHC Zonal Offices, Ministries of Health, hospitals and LGA maternities they could call upon to participate in the organization of the formative research. Mr. Oyelere Onigbinde, Zonal Programme Officer of the FMOH Primary Health Care Zone B, Ibadan, who has

conducted training courses for moderators for focus group discussions has provided the Research Company with sound information and will be an invaluable resource to the Research Company.

During the field visits the team was able to discuss and review question guides as prepared by POP and the MotherCare Representative. Based on these discussions, interviews could be more focused, resolve doubts and answer further questions.

The draft of the question guides was discussed with Mrs. Susan Krenn, Mrs. Data Phido, Mr. Femi Odusi and Miss Dupe Amodu on the last day of my trip and is contained in Appendix D. Further revisions will be made by Mrs. D. Phido and POP.

C. Meetings with Representatives of FMOH and State Ministry of Health Oyo State

1. Meeting with Dr. P.O. Okungbowa, Deputy Director, PHC Division

During this meeting Dr. Okungbowa was briefed about the seminar on maternal health, maternal mortality and morbidity which was held in FHS on 30 April 1992 in order to facilitate the work by the FHS/MotherCare Project and the selected private research company.

Dr. Okungbowa reiterated that further research on breastfeeding was not needed as enough information was available to form the foundation for a breastfeeding program.

Dr. Okungbowa requested that the FMOH Division of Health Education should be involved in the formative research and the IEC strategy so as to ensure capability building within the FMOH. Dr. Okungbowa requested that Mrs. Susan Krenn set up an appointment and asked to receive the finalized research question guides. The content of the meeting was conveyed to Mrs. S. Krenn.

2. Meeting for the finalization of the proposal for the Meeting on Breastfeeding

A meeting was organized on 4 May 1992, in the Paediatric Department of the Lagos University Teaching Hospital (LUTH) between Dr. A.A. Adeyemi, Assistant Director, FMOH PHC Division, Mrs. V. Ivagba, Mrs. E.B. Balogun PHC Division, Dr. Mrs. A.O. Grange Ag. Head Dept. of Paediatrics, LUTH and MotherCare Mrs. Lola Payne. Barbara E. Kwast also attended.

Clarification was sought on the comments regarding the proposal for the breastfeeding meeting from MotherCare USA. It became clear that there is a draft for a national breastfeeding programme in existence which needs to be finalized. From this a national policy for breastfeeding will be drafted. Both products are envisaged from the forthcoming meeting. The schedule for the workshop was revised and Dr. A.O. Grange agreed to act as

consultant to the meeting and to collate and present the available information for Nigeria.

It was agreed that a revised proposal and budget should be faxed to MotherCare through Mrs. Lola Payne on 8 May 1992. This is contained in Appendix E.

3. Meeting at Oyo State Ministry of Health, Ibadan, 7 May 1992

A meeting was organized between the Federal Ministry of Health, The State Ministry of Health, Oyo State, the State Health Management Board and MotherCare to discuss the areas identified in the needs assessment at the selected site for training of lifesaving skills which need to be addresses.

The Honourable Commissioner for Health, Mr. J.A. Bankole chaired the meeting.

The objectives of the meeting were:

1. To explain the content of the MotherCare Project
2. To find means for collaboration between the SMOH and the SHMB
3. To address the Memorandum of Understanding between the Oyo State Ministry of Health and the FMOH

Dr. A.A. Adeyemi, Assistant Director, FMOH PHC Division explained the components of the MotherCare project in Nigeria.

Mrs. Lola Payne highlighted the training center criteria and reported on the findings of the needs assessment and the communication between the SMOH and the SHMB to date.

After these two presentations a general discussion ensued. Dr. Adeyemi stated that she believed that the resources could be mobilized to amend the situation as described in Adeoyo hospital. Emergency drugs could be put in the laborward. Africare could be approached for equipment. It was felt that it would be a great pity to lose Oyo State as a training site of things could not be put right.

The Hon. Commissioner expressed the belief that resources could be mobilized once the question of division of assets was resolved which arose because of the creation of two States out of Oyo State. The Commissioner pledged a commitment to the project and stated that he would approach the Governor regarding moving this project forward.

This meeting will facilitate the future dialogue between the SMOH and the SHMB. The Consultant Physician of Adeoyo General Hospital, Dr. K. Iyun is very keen to cooperate in the renovation of the maternity unit if given support by all parties concerned. Dr. A.A. Adeyemi requested the MotherCare Country Coordinator to furnish her with a list of priority items with which she could approach Africare. Mrs. Lola Payne will pay frequent visits to Adeoyo hospital to advise with the renovation strategy and to assess progress.

IV. Major Findings and Recommendations

#1. Finding

The Research Company, Public Opinion Polls (POP), has experience in formative research except in the topic of maternal health and maternity services. The Company had not included women researchers among the key personnel for this project. POP's Executives amended this situation after the first meeting between JHU/PCS and POP. Women researchers were taken on board and were participating in the Seminar on Maternal Health and Safe Motherhood on 30 April 1990.

Even though maternal mortality and maternal health and services issues were a new terrain for POP personnel, the interest which was generated during the seminar was cemented during the field visits with Mr. F. Oduki and Miss D. Amodu. A great deal was learned and POP is keen to start the research as soon as possible. POP identified key staff of the Ministry of Health, in hospitals and maternities who can be contacted during the organization of the formative research.

#1. Recommendation

Following the second field visit it was recommended during the final meeting between POP, the MotherCare Representative and Mrs. Data Phido, that Mrs. Data Phido should be present during field testing of the question guides and give guidance during the training of the moderators for the focus group discussions and the in depth interviews.

#2. Finding

The hospitals which have been selected as training centers and sub-centers in Oyo and Bauchi States are facing serious shortages of drugs and supplies. Facilities are especially overstretched in Adeoyo Hospital, Ibadan, with approximately 40 deliveries per day.

Most hospitals have a functioning drug revolving fund. In addition women are asked to bring certain supplies and 2 ampoules of ergometrine and syringe on admission in labour.

The latter is an important issue for the IEC campaign to consider and address as these are the realities in the maternity service and compliance by families to bring certain items and to be sensitized to the importance of blood donation, may be life-saving.

#2. Recommendation/Solution

The State Ministry of Health and the State Management Board in Ibadan, Oyo State have discussed the renovation of the labour/delivery section of the maternity department of Adeoyo hospital during a meeting in the State Ministry of Health on 7 May 1992.

The IEC campaign needs to take into consideration para 2 under finding #2. POP needs to include these findings during the training of moderators in order to create understanding of the economic constraints and possible reactions by families to these factors.

#3. Finding

Midwives in antenatal clinics identify women at risk but special risk assessment forms or management protocols are unavailable. There is no special register for high risk women nor are defaulters identified and followed up.

Midwives stated that due to lack of available transport, defaulters could not be visited even if there were registers of high risk women and a system to identify defaulters in place.

#3. Recommendation

Antenatal risk assessment and scoring is included in the discussion during the curriculum development workshop in July 1992.

#4. Finding

Referrals to hospital from either LGA maternities or TBAs can at present not be identified from registers in the labourward. Rarely do TBAs accompany women to hospital or a LGA maternity.

#4. Recommendation

In order to evaluate whether the IEC campaign has had an impact on referral of high risk or complicated cases, it would be valuable to institute a recording system for referrals and to provide feed-back on the outcomes to the respective referral sources.

#5. Finding

There is no community outreach either from the hospital maternity department or the LGA maternities and thus no contact between TBAs and trained nurse midwives or midwives. Midwives in hospitals and LGA maternities do not know whether TBAs have been trained in their area.

Midwives have to deal with obstetric complications and maternal deaths frequently. None of the midwives interviewed by the writer had ever visited a family at home following a maternal death in the hospital to determine underlying factors which lead up to this tragedy.

In Bauchi State many midwives cannot speak the language of some of their patients which constitutes a serious barrier to communication unless their resourcefulness can identify alternate opportunities for communication and information. Many midwives have not been taught counselling skills.

#5. Recommendation

It is strongly recommended that midwives undertake at least two supervised visits to rural villages and urban communities to gain an insight into knowledge, attitude and practice of people in disadvantaged or isolated communities. Contacts should be made with community leaders and trained or untrained traditional birth attendants.

Training in counselling skills should be included during the LSS training. The community module in the WHO Safe Motherhood Education project, written by WHO consultant Miss Gaynor Maclean and based on the educational framework of the ICM/WHO/UNICEF Pre-Congress Workshop in Kobe, October 1990, was pre-tested in Botswana and Tanzania. This module is ready to be used (Personal communication with Dr. R. Johnson in WHO/MSM, Geneva on 2 June 1992) and WHO and the author should be acknowledged.

#6. Finding

Some of the life-saving skills are already practiced by midwives and others are not. The decision depends very much on the doctor or obstetrician i/c of the maternity unit, the case load of complications and the shortage of doctors to deal with emergencies. This is quite apart from whether the Code of Practice for Midwives in Nigeria permits and protects the midwife to practice some of the special procedures.

There are some hospitals where midwives perform manual removal of placenta. Vacuum extractions are not performed by midwives either because there is no vacuum extractor available and a caesarean section is done instead or the midwife is not permitted by the doctor to do this operative vaginal delivery.

Midwives do put up intravenous infusions under supervision, but the starting of a blood transfusion is not permitted in the Code of Practice for Midwives and is not usually done by them.

Prescription of antibiotics and emergency drugs to control eclampsia are not permitted in the midwife's practice.

Some of the sub-centers will not have enough cases, e.g. retained placenta, for midwives to maintain their skills in selected life-saving procedures after training. Very often women arrive in bad condition with these complications which requires even greater skills in emergencies.

#6. Recommendation

It is important to establish the frequency of occurrence of certain life-threatening conditions, particularly in the sub-centers and the LGA maternities from where the trainees will be drawn, in order to determine whether the midwives can both attain the required skills in LSS during training and are likely to maintain these skills subsequently. In the light of the findings mentioned in # 3, 4 and 5, the substitution of one of the LSS modules with a counselling/community module could be an option and should be considered.

#7. Finding

Maternal deaths from septic abortion is a real problem. The hospital statistics do not include these deaths under maternal deaths.

#7. Recommendation

The MotherCare representative made the WHO definition of maternal death available to the hospital statisticians and recommended that deaths due to abortion be included in the total number of maternal deaths.

Attention should be drawn to prevention of unwanted pregnancy and unsafe abortion in any in-service training of midwives.

V. Summary of Follow-Up Activities

1. The question guides for focus group discussions and in depth interviews need to be reviewed by MotherCare/Manoff Senior Communication Advisor, Mr. Kim Winnard and finalized by POP in collaboration with Mrs. Data Phido, MotherCare/JHU Country Co-ordinator.
2. Recruitment guides need to be drafted by POP and MotherCare/JHU Country-Co-ordinator.
3. The final Nigeria Maternal Healthcare Project, Formative Research Proposal will be forwarded to MotherCare, USA for submission and approval of Subcontract.
4. The MotherCare representative should send Safe Motherhood materials from WHO to JHU/PCS/FHS, Lagos and make available a list of publications on Nigerian maternal health and maternal mortality from the WHO data base (done in Geneva on 23 May, 1992).

5. The MotherCare Country Co-ordinator, Mrs. Lola Payne, should make a follow-up visit to Adeoyo hospital during the third week of May to assess progress with preparations of the maternity unit for LSS training.

6. MotherCare, USA and ACNM should organize follow-up meetings to discuss the contents of this trip and consider changes in the evaluation framework for the LSS training and improvement of utilization of services in the light of the results of the needs assessment.

AGENDA

SEMINAR FOR MATERNAL HEALTH AND SAFE MOTHERHOOD

FHS/JHU/PCS - 30 APRIL 1992

- 9.30 - 9.45 a.m. - Welcome by Mrs. Susan Krenn
JHU/PCS Country Representative
- Objectives of the Seminar
by Mrs. Data Phido
JHU/MotherCare IEC Program Officer
- 9.45 - 10.00 a.m. - Introduction of Participants
- 10.00 - 10.15 a.m. - Global Overview of maternal mortality:
Magnitude, causes, prevention
by Dr. Barbara E. Kwast
- 10.15 - 10.30 a.m. - Safe Motherhood Initiative in Nigeria
by Dr. A.A. Adeyemi
- 10.30 - 10.45 a.m. - The MotherCare Project
by Mrs. Lola Payne, MotherCare
Country Co-ordinator
- 10.45 - 11.00 a.m. - Coffee
- 11.00 - 11.25 a.m. - Video: 'Why did Mrs. X. die'?
- 11.25 - 12.00 m.d. - Discussion of film
- 12.00 - 12.30 p.m. - Preliminary findings of needs assessment
in Oyo and Bauchi States
Mrs. Lola Payne; Miss Gail Allison
ACNM/MotherCare Consultant
- 12.30 - 1.30 p.m. - Definition of areas for formative research
- 1.30 - 2.00 p.m. - Lunch
- 2.00 - 3.00 p.m. - Definition of areas for formative research
continued
- 3.00 p.m. - Summary and closure by Mrs. Susan Krenn

APPENDIX B.

TRAVEL SCHEDULE

Dr. B.E. Kwast

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| Monday, April 27, 1992 | -- Travel to Lagos, Nigeria |
| Tuesday, April 28, 1992 | -- Introductory meetings at Family Health Services, USAID; preparation of itinerary with Mrs. Susan Krenn, Mrs. Data Phido, Mrs. Lola Payne, Miss Gail Allison |
| Wednesday, April 29, 1992 | -- Meeting with Mr. Rudolph Thomas, USAID -- Meeting with FHS/JHU, MotherCare and Research Company: POP -- Preparation of Seminar |
| Thursday, April 30, 1992 | -- Seminar on Maternal Health and Safe Motherhood; Appendix A |
| Friday, May 1, 1992 | -- Public Holiday |
| Saturday, May 2, 1992 | -- Weekend; revision question guides for |
| Sunday, May 3, 1992 | -- formative research |
| Monday, May 4, 1992 | -- Preparation for visit to Oyo State -- Courtesy visit to Dr. P.O. Okungbowa FMOH, Deputy Director PHC Division -- Preparatory meeting for breastfeeding meeting at LUTH with Dr. A.A. Adeyemi, Dr. A.O. Grange, FMOH Staff and MotherCare |
| Tuesday, May 5, 1992 | -- Travel to Oyo State; Meeting with Zonal Programme Officer FMOH, PHC Division Zone B; Courtesy call SMOH; Ibadan. |
| Wednesday, May 6, 1992 | -- Meeting with SMOH/PHC; Courtesy call on Consultant Physician, Adeoyo hospital -- Travel to Osogbo, Osun State. Courtesy call Ministry of Health; visit Osogbo General Hospital; visit to labour, delivery and postnatal ward, and antenatal clinic. Discussions with SMOH. |

- Thursday, May 7, 1992

- Return to Ibadan; Visit to Adeoyo hospital.
 - Travel to Oyo; Visit to State Hospital Oyo; meeting with Consultant Physician and Obstetrician/Gynaecologist; visit maternity unit; meeting with community leaders.
 - Return to Ibadan.
 - Meeting at SMOH with FMOH, SMOH and SHMB regarding needs assessment and selection of training site.
 - Return to Lagos
- Friday, May 8, 1992

- Work at FHS office
 - Meeting with POP; further revision of POP proposal.
- Saturday, May 9, 1992
Sunday, May 10, 1992

- Continued drafting of research question guides.
- Monday, May 11, 1992

- Flight to Jos and travel by road to Bauchi. Meeting at Ministry of Health and preparation of itinerary.
- Tuesday, May 12, 1992

- Visit Darazo Hospital; visit Darazo LGA Maternity
 - Visit Azare General Hospital;
 - Visit Misau General Hospital.
 - Return to Bauchi.
- Wednesday, May 13, 1992

- Visit Gombe hospital;
 - Visit Gombe Urban LGA Maternity
 - Visit Tumfure village: focus group discussion with traditional birth attendant; traditional healers and pregnant and non-pregnant women.
 - Return to Bauchi
- Thursday, May 14, 1992

- Return to Jos by road and by air to Lagos.

Friday, May 15, 1992

-- Discussion and debriefing with POP.
Mrs. Data Phido and Mrs. Lola Payne.

-- Debriefing with Mr. Eugene Chiavaroli,
Mr. John McWilliam, Mrs. Susan Krenn
and Mrs. Lola Payne.

Saturday, May 16, 1992

-- Departure from Lagos to Geneva to attend
Technical Working Group on Puerperal
Sepsis.

APPENDIX C

A P P E N D I X C

MATERNAL HEALTH CARE PROJECT

FORMATIVE RESEARCH

QUESTION GUIDES

(21 PAGES)

Lagos, 15 May 1992

DRAFT

**MATERNAL HEALTH CARE PROJECT
FORMATIVE RESEARCH
OYO and BAUCHI STATE**

Overview of the Research Plan

(Based on the proposal from Public Opinion Polls Limited (P.O.P.) for MotherCare Project and discussions with Mrs. Data Phido, MotherCare IEC Co-ordinator, Mr. Femi Odusi, Project Director POP, Miss Dupe Amodu, Research Executive POP and Dr. Barbara Kwast, Women's Health Adviser, MotherCare during field trips to Oyo and Bauchi States and in FHS, Lagos).

I. General Objectives of the Research

Refer to Section 2. of POP proposal

II. Methods of Research

Refer to Section 3. of POP proposal

III. Topics and Question Guides

Following are the broad and specific topics, by general objectives (Section 2. POP proposal), which need to be addressed and probed into during FGDs and in depth interviews (IDIs):

The broad topics are:

- a) Pregnancy and antenatal care
- b) Labour and delivery
- c) Postpartum (after delivery)
- d) Decision making

All questions guides, except the one for the obstetrician/gynaecologist have been drafted under these sections.

Specific topics are:

- Source and content of health information and specifically about pregnancy
- KAP regarding pregnancy, labour and delivery, and the postpartum period
- Expectations from care providers (traditional and formal) and quality of care
- Recognition, perception about causation, self-care, referral of complications/danger signs during pregnancy, childbirth and postpartum

- constraints relative to referral and use of the formal health care system in terms of distance, time, transport, money
- decision making regarding health practices, access to care, following of advices from health personnel, referral in case of emergency
- suggestion for improvement of services

Understanding of the concept of obstetric risk has not been explored in depth in these guides. Teaching of risk factors, danger signs and complications to pregnant women by midwives in antenatal clinics varies greatly.

In view of the IEC objectives, selected complications and danger signs have been addressed in a consistent manner in all broad topics (antenatal, labour and delivery, postpartum) of the question guides.

The most common complications are anaemia, pre-eclampsia and eclampsia, haemorrhage (ante partum and postpartum), prolonged and obstructed labour, retained placenta, puerperal sepsis.

VVF and RVF are particularly common in Bauchi State and complications from abortions are seen more in urban Oyo State.

Ten questions have been drafted for each broad topic, except relative to decision making.

Question guides need to be pretested and, most likely, shortened.

A. Objective:

Regarding pregnant women:

1. To examine attitudes towards the use of health services (LGA maternities, comprehensive health centres and hospitals) and particular health personnel (formal and (non-formal) for care during pregnancy, labour and delivery and postpartum.
2. To elicit awareness about risk factors and causation (traditional and modern) of specific complications during pregnancy, labour and delivery and after delivery, and their treatment (traditional and modern).
3. To determine the decision-making process about care seeking during pregnancy, labour and the puerperium, and attitudes toward blood giving and transport of emergency cases.

Topic: Pregnancy and antenatal care

Qu. 1. Which are the sources of information on health?

- Qu. 2. Do women receive any health messages related to pregnancy? By whom and what is the content?
- Qu. 3. Do women, men and family members think that pregnancy is a special time in a woman's life. Does pregnancy require a change in life style and extra care? (probe: nutrition, nutritional restrictions, hygiene, reduction of workload)
- Qu. 4. Do women perceive special care during pregnancy as beneficial? (from traditional or formal care personnel).
If yes, at which month of pregnancy would they seek care for the first time and for what reason?
(This can address antenatal care in a general discussion, rather than embarrassing women who do not seek antenatal care from the formal health system)
- Qu. 5. If women think that special care is beneficial:
What care do women expect during pregnancy:
- a) from a traditional healer (probe)
 - b) from a community birth attendant = traditional birth attendant (probe)
 - c) from a midwife in a maternity
 - d) from a midwife or doctor in a hospital
 - e) from a private practitioner
- Qu. 6. If women received care from any of the persons listed in Qu. 5:
Were the women satisfied with the care they received from these providers (probe)?
- Qu. 7. Did the women experience constraints using antenatal care in the health facilities (cost, distance and transport, waiting time)?
- Qu. 8. What complications do women have and consider dangerous during pregnancy? (probe)
- Qu. 9. What would you do in case you have any of the following:
- a) Swelling of feet, hands and face
 - b) Severe headaches
 - c) Convulsions = fits (eclampsia)
 - d) Fever (malaria)
 - e) Bleeding from the birth canal (antepartum haemorrhage)
 - f) rupture of membranes (breaking of waters)

for 12 hours before labour starts

Qu. 10. If you went for antenatal care during pregnancy, did you receive any health education? (probe on topics: hygiene, nutrition, breastcare, complications, place of delivery, preparation for birth, family planning)

Topic: Labour and delivery

- Qu. 1. What do women do when they think that labour has begun?
- Qu. 2. Where do women prefer to give birth? (Probe)
- a) at home with or without traditional birth attendant
 - b) at home or in a maternity with a midwife
 - c) in hospital with a midwife or doctor
- Qu. 3. Do women make preparations for childbirth attendance before labour has started? (Probe)
- Qu. 4. What are some of the routine practices by traditional birth attendants/relatives during labour and delivery:
- massaging of uterus
 - giving of traditional medicine
 - position during delivery
 - delivery of placenta
 - care of baby and cord
- Qu. 5. Do women expect these and other practices during labour and delivery; are they helpful? (probe)
- Qu. 6. Can women mention some of the conditions for which they have been advised to deliver in hospital or which women may be at risk of a problem delivery. (Probe: Very small and young woman with first pregnancy; previous difficult delivery; previous dead baby; previous problem with delivery of afterbirth (placenta); high bloodpressure in pregnancy; heart problems; anaemia)
- Qu. 7. How long do you think labour should last? After how many hours/days would you seek help? What are some of the reasons for labour lasting more than one day? (Probe)

- Qu. 8. What are the experiences among women who have had a baby which was not born head first? probe
- Qu. 9. Why do you think some women have a caesarean section? What do they do for the next delivery? (Probe)
- Qu. 10. Who will help in the family/community in case of an emergency during labour which requires referral to hospital?

Topic: Postpartum (after delivery)

- Qu. 1. What care do women expect after delivery:
- a) from the traditional birth attendant
 - b) from the husband/family
 - c) from the midwife
 - d) from the hospital staff
- Qu. 2. Where women satisfied with the care received from the personnel mentioned under Qu.1 (enumerate)
- Qu. 3. Would they go to these personnel the next time (Probe)
- Qu. 4. What problems can occur to the mother after birth? (Probe: the afterbirth (placenta) not coming out for ? number of hours = retained placenta; chills and fever = infection or malaria; heavy and smelly vaginal discharge and pain in the area of the womb = infection; fits = eclampsia; very sore and red breasts = mastitis)
- Qu. 5. What do women do about these conditions?
- a) placenta not being delivered one hour after the birth of the baby? (Probe for traditional practices)
 - b) Chills and fever
 - c) Fits
 - d) Heavy and smelly discharge and pain in the belly?
 - e) Sore, swollen and red breasts
- Qu. 6. What are the beliefs of women about heavy bloodloss after delivery? How many cloths soaked with blood are considered 'normal'?
- Qu. 7. What is the routine care of the newborn by the mother herself or the birth attendant at home regarding: care of the eyes; airway; warmth; cordcare; starting breastfeeding.

- Qu. 8. Do women recognize complications of the baby: infection of the newborn: eyes, cord; a small baby; a baby with breathing difficulties (asphyxia); a baby with fits (tetanus).
- Qu. 9. What do women do about problems with the baby (enumerate problems as mentioned under Qu. 6)
- Qu. 10. How soon is the baby put to the breast? What is the belief about colostrum (first rich milk in the breast before milk comes in)? (Probe)

Topic: Decision making

- Qu. 1. Do women have control over their actions and activities during pregnancy, birth and after delivery regarding:
- a) health practices
 - b) choice of place and person for care
 - c) referral in case of emergency
 - d) following of advice from formal health system
- (Probe: which persons inside and outside the family are key to decision making and what is the hierarchy)
- Qu. 2. What are the particular difficulties in getting help when problems arise?
- Qu. 3. What are your suggestions for changes/improvements of the maternity services?

B. Objective:

Regarding men who are fathers or whose wife is pregnant.

1. To examine married men who are fathers' attitudes toward the use of health services and particular health personnel for their wife during pregnancy, childbirth and postpartum.
2. To elicit awareness about risk factors and causation (traditional and modern) of specific complications during their wife's pregnancy, childbirth and puerperium and attitudes toward bloodgiving and transport of emergency cases.

Topic: Pregnancy and antenatal care

- Qu. 1. Which are the sources of health information.
- Qu. 2. Do you hear any messages related to pregnancy, family planning? By whom and what is the content?

- Qu. 3. Do men think that pregnancy is a special time in a woman's life? Does pregnancy require a change in life style and extra care?
- Qu. 4. Do men think that it is necessary for their wife to have their pregnancy supervised by health personnel e.g. a traditional healer or birth attendant, a midwife or a doctor? (Probe)
- Qu. 5. Which are the things men can do for their wife during pregnancy or what can they do to facilitate the process for their wife to seek care?
- Qu. 6. Are there constraints in receiving antenatal care and how can men help to overcome these constraints (probe: provision of money for transport and clinic fees)
- Qu. 7. Do men have previous experience with antenatal care of their wives? (Probe)
- Qu. 8. If your wife was pregnant before and had antenatal care did she tell you about the findings at the clinic? Did you look at her card from the clinic? Do you know what medicines she was given and why?
- Qu. 9. Do men know whether their wife was satisfied with the care she received?
- Qu. 10. Are men aware of risk factors during the pregnancy of their wife or complications she may suffer?
(Probe: very young and small woman with first pregnancy; anaemia; bleeding during pregnancy; high bloodpressure and fits;
- Qu. 11. Which conditions affecting their wife do men seek attention for and from whom? Do men feel it is their responsibility to participate in seeking help (probe).

Topic: Labour and delivery

- Qu. 1. Do men participate in preparations for the delivery of their wife? Whose responsibility is it?
- Qu. 2. Where do men prefer their wife to give birth? (Probe)
- a) at home with or without a traditional birth attendant
 - b) at home or in a maternity with a midwife
 - c) in hospital with a midwife or doctor
 - d) private hospital

7

- Qu. 3. What were men's previous experiences with any of the personnel and facilities mentioned under Qu.2.
- Qu. 4. Would they choose the same facility for the birth of their wife the next time? (Probe)
- Qu. 5. What are some of the routine practices by traditional birth attendants during labour and delivery?
- massaging of uterus
 - giving of traditional medicine
 - position during delivery
 - delivery of placenta
 - care of the baby and cord
- Qu. 6. Are there any practices men consider particularly helpful or harmful during labour and delivery? (probe)
- Qu. 7. Can men mention some of the conditions for which their wife may have been advised to deliver in hospital? (Probe for risk factors: small and young pregnant woman for the first time; previous complicated delivery by instruments or caesarean section; previous baby born dead; abnormal lie of the baby, other than head down in present pregnancy; high bloodpressure in present pregnancy; bleeding from the birth canal in present pregnancy etc.)
- Qu. 8. Do men think that women with a first pregnancy should deliver at home (Probe).
- Qu. 9. How long do men think that labour should last? After how many hours/days would they seek help? (Probe)
- Qu.10. What are some of the complications of women who have been in labour for several days (Probe for necessity for women to have an operation; may have had a dead baby; may become infertile because of severe infection after delivery; may have a vesico-vaginal fistula VVF))
- Qu.11. Who will help in the community in case of an emergency during labour which requires referral? What are some of the constraints to referral?
- Qu.12. Have men ever been asked to donate blood for their wife? Probe for reasons and constraints with giving blood.

Topic: Postpartum (after delivery)

- Qu. 1. What care do you expect for your wife and baby after delivery and from whom? How can men be involved in that care?

- Qu. 2. **What problems can occur after delivery which need emergency referral to hospital? (Probe for heavy bloodloss and retained placenta; chills and fever; fits;)**
- Qu. 3. **Who makes the decision about seeking emergency help and from whom?**
- Qu. 4. **Do men play a role in seeking and facilitating this emergency transport and help?**
- Qu. 5. **Do you know of any woman dying in your area as a result of pregnancy and childbirth? (Probe for sequence of events and whether this could have been avoided).**
- Qu. 6. **Do you know about some of the traditional treatments women receive for prolonged labour (More than 12 hours), fits, anaemia, baby lying in the wrong position? (Probe whether men think they are harmful or helpful)**
- Qu. 7. **Are there some health care activities men encourage their wife to practice after delivery (probe for postnatal check, breastfeeding, rest, family planning)**
- Qu. 8. **What are some of the complications a new baby may have (Probe for infection of eyes and cord; difficulty in breathing; difficulty feeding; fits)**
- Qu. 9. **Where would you seek help for some of these problems? (Probe whether men would seek help more readily for a male or female child, and a first or subsequent child).**

Topic: Decision making

- Qu. 1. **Do men have control over their wife's health practices and care seeking behaviour or are there other family members or community leaders involved?**
- Qu. 2. **What would be some of the reasons women would not want to go to a health facility in spite of men's encouragement?**
- Qu. 3. **Who is primarily responsible for organizing referral in case of an emergency in pregnancy, childbirth and following birth?**
- Qu. 4. **What are the constraints in getting help at home and for admission to hospital? (Probe for conflicting priorities, money, distance, transport)**

- Qu. 5. Do men belong to a club or organization which would be interested to discuss women's health issues and could be mobilized for a revolving fund for transport, blood-donation and help with emergency referral?
- Qu. 6. What suggestions do you have for improvement of maternity services and how do you feel you could participate?

C. Objective:

Regarding community leaders.

1. To examine community leader's attitudes and practice regarding the use of traditional and formal health services for maternity care.
2. To elicit awareness about risk factors and causation (traditional and modern) of specific complications during pregnancy, childbirth and following birth, and their treatment.
3. To determine the attitudes and practice regarding responsibility for community participation in cases of emergency referral and need for blood donation.

Topic: Pregnancy and antenatal care

- Qu. 1. Which are the sources on information on health?
- Qu. 2. Do you receive any health messages related to women's health and particularly regarding pregnancy? (Probe for source and topics)
- Qu. 3. Do you think that pregnant women require a change in life style and special care during pregnancy?
- Qu. 4. What personnel and facilities are available for women to receive care during pregnancy?
- Qu. 5. What is the nearest health facility for provision of pregnancy care? (Probe for access by walking, condition of road, mode of transport and money)
- Qu. 6. What reports have you had about that health facility and from whom?
- Qu. 7. What do you consider risk factors or complications for which a woman should seek help during pregnancy and from whom?

- a) previous problem delivery - who provides care?
- b) present pregnancy:
 - headaches, fatigue, dizziness, problems breathing, pale (anaemia) - who gives care?
- c) - swelling of face, hands and feet - " "
- d) - bleeding from the birth canal - " "

Qu. 8. Does the community have any support programs to help pregnant women? (Probe)

Qu. 9. Which conditions would require emergency help and from whom? How can the community help in emergency situations with transport, money and blood donation?

Topic: labour and delivery

Qu. 1. Where do women prefer to give birth in your community? (Probe)

Qu. 2. Are there traditional birth attendants (community birth attendants) in your community? Do you know whether some of them have been trained? Who trained them? Do you see any difference in their practice? Do you include them in village health committees?

Qu. 3. What complications are particularly serious in this community which need referral to hospital during childbirth? Do you know the causes of those complications and what is done for them?

Qu. 4. Are there community support groups who can help women with emergency referral to hospital during childbirth?

Qu. 5. Are there special customs regarding the birth of the first child and the place of birth? (Probe)

Qu. 6. Do you know how the community could help to prevent some of the complications that arise during childbirth?

Qu. 7. What are the beliefs about women who have had an operation to deliver the baby? Are there special beliefs or fears regarding the next pregnancy?

Topic: Postpartum (after delivery)

Qu. 1. Are women given any special care after delivery? (Probe about customs, such a hot baths, and find out the perceived benefit)

Qu. 2. What care do women themselves expect after delivery?

32

- Qu. 3. What problems can occur after delivery?
(Probe)
a) delay with delivery of the placenta (afterbirth) and heavy bleeding
b) fever (hot body), chills and headache
c) pain in the abdomen (belly) and fever
d) fits (eclampsia)
- Qu. 4. Are women reluctant to go to hospital for complications which arise after birth? What are the constraints?
- Qu. 5. What are some of the complications in the newborn baby? What are the causes and what can you do?
a) very small baby
b) baby is cold and does not breathe well
c) baby has fits
d) baby has infection of eyes and cord
- Qu. 6. Do you know of any woman dying during pregnancy and childbirth in this community? Would you tell what happened? (If there is none, probe for death due to abortion).
- Qu. 7. What can you as a community leader do to prevent such deaths in the future?

Topic: Decision making

- Qu. 1. How are decisions made about health matters in this community? Do you have a village or community health committee - who participates; how often do they meet; what is the topic for discussion?
- Qu. 2. What is your opinion about the facilities for maternity care in this township/community?
- Qu. 3. Are there any constraints in using these facilities for pregnant woman?
- Qu. 4. Do you have any suggestions on community participation regarding improvement of the care for pregnant women? (Probe for involvement of decision makers in the formal health system and possible linkage with the community).

D. Objective

Regarding Traditional Birth Attendants (TBAs)

(Some variation may be required if the TBA is a trained TBA)

1. To enquire about TBAs' attitudes and practice regarding care during pregnancy, delivery and postpartum management and experience with formal health system.
2. To determine recognition of maternal complications, beliefs regarding causation, method of treatment and referral.

Topic: Antenatal period

If the TBA has had training from the 'formal' health system the interviewer may first ask some question about when this training took place and how it was enjoyed.

- Qu. 1. What are your sources of information regarding health matters concerning mothers and children and what are the subjects?
- Qu. 2. Where is the nearest health facility where women can have care during pregnancy? Do you have any link with the health staff of that facility? (Probe whether they come to visit or whether the TBA goes there).
- Qu. 3. Do women come to you when they are pregnant? If yes, what do women expect you to do for them and at what months of pregnancy? (Probe about massage, ritual baths, herbal medicine)
- Qu. 4. What do you expect women to do for themselves during pregnancy? (Probe about special foods, food taboos, hygiene, carrying of heavy loads and other traditional customs)
- Qu. 5. Do women seek your help with problems during pregnancy and which are they?
(Probe for: bleeding from the vagina; dizziness and fatigue; chills and fever; swollen hands, feet and face; fits (eclampsia))
- Qu. 6. Whatever condition is mentioned, ask for the perceived causation of the condition and the treatment.

- Qu. 7. Are there any conditions for which you would send a pregnant woman to a midwife or doctor? If yes, which are these?
- Qu. 8. Have you been in contact with the midwife or doctor at a health facility? If yes, how were you received?
- Qu. 9. Are you a member of the village health committee or any other club or organization, e.g. women or religious?
- Qu. 10. Do these contacts help you in any way with your practice? (Probe)

Topic: Labour and delivery

- Qu. 1. How many deliveries do you attend a month? Do you ask women to make preparations for the birth of the baby? (Probe)
- Qu. 2. Do you know whether women are asked to bring things to the hospital for delivery? Is that a constraint?
- Qu. 3. Do you stay with the women throughout the time they have labour pains or are you called very near the birth?
- Qu. 4. What care do you give to women in labour? (Probe about massaging the abdomen; giving of traditional medicines; 'gishiri' cut)
- Qu. 5. What kind of problems have you experienced with women during labour? (Probe for: abnormal position of the baby; bleeding from the vagina; long labour, more than 24 hours; fits;)
- Qu. 6. Are you the only person who makes decisions when a woman is in labour and when you need help? If not, who else is involved? (Probe for traditional healers and religious practitioners)
- Qu. 7. Are there women who you would not attend in labour? (Probe for: women with previous caesarean section; women with bleeding from the vagina; baby in transverse position; women with previous VVF repair; small, young women with first pregnancy)
- Qu. 8. For whom would you send if you needed help or where would you refer the labouring woman to?
- Qu. 9. Who are the people in the community you can call upon to help with emergency transport?

Qu. 10. What do people believe about operations to deliver the baby and especially by caesarean section?

Qu. 11. Did you ever experience that women/families would not follow you advice about referral? (Probe for constraints: distance; costs; attitude of formal health system; hospital fees; lack of supplies)

Topic: Postpartum (after delivery)

Qu. 1. What care do you give to the mother after delivery? (Probe for traditional practices)

Qu. 2. If the afterbirth (placenta) is not delivered after one hour, what action do you take?

Qu. 3. What care do you give to the baby? (Probe about cord care; breastfeeding; keeping baby warm; very small baby; baby with difficulty in breathing)

Qu. 4. Do you circumcise baby boys? On what day?

Qu. 5. Do you circumcise baby girls or older girls? (Probe)

Qu. 6. Have you ever had a woman who was bleeding severely after delivery? What happened? How did you treat?

Qu. 7. Do you request for relatives to accompany a woman who is transferred because of bleeding, so that they can donate blood? Are there any problems with blood donation?

Qu. 8. What advice do you give the woman after delivery about self-care and care of her baby?

Qu. 9. What complications may arise after delivery in the mother and what may be their causation?

Qu. 10. How would you treat a woman who has:
a) fits
b) severe headaches, fever and chills
c) offensive vaginal discharge, pain in her belly and fever

Qu. 11. Do you have suggestions how maternity services for women could improve?

E. Objective:

Regarding Traditional Healers/local pharmacists

(Questions may have to be adapted depending on the type of person interviewed and different setting. If traditional healers do not attend births, those questions pertaining to delivery can be substituted).

1. To enquire about traditional healers' attitudes and practice regarding antenatal, delivery and postpartum care.
2. To determine their knowledge about complications, their perception on causation and management, including sources of referral.
3. To provide information about their experience with the formal health system.

Topic: Pregnancy and antenatal care

- Qu. 1. Which are the sources of information on health? Are they aware of any campaigns, special broadcasts or newspaper articles on women's health and in particular related to pregnancy and childbirth? (Probe for content)
- Qu. 2. Do you consider that pregnancy is a special time in a woman's life which requires a change in life style and extra care?
- Qu. 3. What do you expect women to do for themselves during pregnancy? (Probe for dietary changes, food restrictions, carrying of heavy loads, taking traditional medicines)
- Qu. 4. Do women come to you for advice, examination, counseling during pregnancy and what do they expect you to do for them? (Probe)
- Qu. 5. Do women come for advice and treatment in case they are faced with an unwanted pregnancy? (Probe for action that is taken)
- Qu. 6. Do you dispense medicines/treatment to women during pregnancy?
(Enumerate kind of medicines relative to complaints: Probe for: abdominal pain; bleeding from the vagina; vaginal discharge; previous caesarean section scar; headache and dizziness; high bloodpressure; fever; fits; baby lying transverse in the womb).

N.B. Qu. 6. will be different and more specific for pharmacists than traditional healers.

- Qu. 7. Are you consulted by husbands whose women are in purdah or 'auren kulle' (seclusion) for advice and treatment? (Probe)
- Qu. 8. Are there any conditions during pregnancy for which you would advise a woman to go to a midwife in a maternity or the hospital?
(Probe for: severe abdominal pain; bleeding from the vagina; severe headaches and swelling of face, hands and feet; high bloodpressure; fits; dizziness and fatigue).
- Qu. 9. Do you work together with other healers in the community, e.g. TBAs, prayers houses, pharmacists. Do you have authority over them in decision making regarding pregnant women?
- Qu. 10. Do you know the content of antenatal care by the formal health care providers and what do you think of their practice? Do you encourage women to attend antenatal clinics?

Topic: Labour and delivery

- Qu. 1. Do women call you during labour or delivery and what do they expect from you?
- Qu. 2. Do you actually attend births and if so, how many do you attend a month/year?
- Qu. 3. Do you work together with TBAs during labour and delivery? Do men whose wife is in purdah consult you during the labour of their wife?
- Qu. 4. Do you think that women should have their first birth at home? (Probe)
- Qu. 5. Have you seen any women with a vesico-vaginal fistula (VVF) and why do you think this happens?
- Qu. 6. Do you think that small, young women who have their first child are prone to face more problems during labour? (Probe whether they associate a small pelvis of a young girl with difficult and prolonged labour, operative delivery and VVF)

- Qu. 7. What are some of the complications during labour you have been called for and what was your treatment? (Probe for: prolonged labour for >1 or 2 days; women with previous operative delivery; baby not presenting head down; prolapse of cord or hand; fits; bleeding from the vagina)
- Qu. 8. Which women would you refer to a health facility during labour (Probe)
- Qu. 9. Are husband cooperative if you advise referral for their wife in an emergency? (Probe for fear of operation; constraints like money, distance, transport, lack of supplies; attitude of health staff)
- Qu. 10. Have you gone with women in labour to hospital? What was your impression of the facilities, attitude of staff, availability of supplies?

Topic: Postpartum (after delivery)

- Qu. 1. Are you consulted by women after delivery? For themselves and or their baby? (Probe for conditions and treatment)
- Qu. 2. What care do you think a woman should receive after birth? (Probe for traditional treatment such as hot baths and their benefit).
- Qu. 3. For which complications are you called in the mother and/or in the baby and what do you do?
(Probe for: in the mother: retained placenta; fits; abdominal pain, smelly vaginal discharge and fever; chills and fever.

in the baby: very small baby; infected eyes and cord; breathing difficulties; fits)
- Qu. 4. For which complications would you send the mother to the hospital? What can they do that you are unable to provide?
- Qu. 5. What are your experiences with:

a) the midwife in the LGA maternity?
b) the staff in the hospital
c) private clinics
- Qu. 6. Which is the nearest health facility that you can send a pregnant woman for treatment?

- Qu. 7. What improvements do you consider necessary in the health facilities?
- Qu. 8. Are you a member of the village health committee or any other club or association? What can these contribute to the improvement of maternity services?
- Qu. 9. Are there any community initiatives for:
- a) a community fund for women who need emergency referral
 - b) organization of transport in case of emergency
 - c) people willing to donate blood in an emergency
- Qu.10 What are the constraints and beliefs about blood donation and how do you think they can be overcome?
- Qu.11. Is there experience with maternal deaths in this community? Would you tell us what happened?

F. Objective:

Regarding nurse-midwives or midwives

1. To enquire about knowledge, attitude and practice during antenatal, intrapartum and postpartum care with particular emphasis on prevention, recognition and treatment of complications leading to maternal mortality and morbidity.
2. To determine restrictions in training, constraints with referral and other factors that affect treatment of obstetric complications.

N.B. Nurse-midwives and midwives are for the great majority health professionals who have been in the service for decades. Their experience needs to be respected.
For the purpose of this formative research, it is suggested that IDIs are done predominantly with midwives working in LGA maternities, located relatively far from hospitals.

Topic: Pregnancy and antenatal care

- Qu. 1. Which are the sources on information on health? Have you heard any messages on pregnancy related subjects or have you heard about the Safe Motherhood Initiative?
- Qu. 2. How long have you been practicing and how long have you been posted here?

- Qu. 3. What is your workload: antenatal women/day; deliveries per month; Under 5's clinic; family planning.
- Qu. 4. How do women take care of themselves during pregnancy in this area? Do they see any benefit in coming to antenatal clinic? Why do you think they come?
- Qu. 5. What do you do for them in the antenatal clinic?
- a) health education (probe for subjects: hygiene, nutrition; preparation for breastfeeding; family planning after birth; probe particularly for teaching on problems which women should recognize as they lead to complications)
 - b) history taking; weight; height; Hb; general and abdominal examination; medicines like iron tablets.
- Qu. 6. What are the most frequent problems you see in this antenatal clinic (Probe for complications).
- Qu. 7. Where is the nearest hospital to which you can refer a woman with complications in pregnancy or labour?
- Qu. 8. Is there a way that you can follow up women with risk factors who do not return to the antenatal clinic? (An example would be a woman who has had a previous caesarean section, came once for check-up but does not return)
- Qu. 9. Are there any constraints both for you and the women when you wish to refer women?
(Probe for co-operation from husband/family; money for transport; money for admission; fear of hospital and why)
- Qu.10. Do you have any links with the traditional birth attendants in the villages around here?
(Find out whether there are TBAs in the area)
- Qu.11. When were you last visited by a supervisor from the district (Find out who the supervisor is)

Topic: Labour and delivery

- Qu. 1. Do most of the women who come here for antenatal care deliver in you maternity or do they prefer to deliver at home?
- Qu. 2. Are there women coming to deliver here who have not had antenatal and why is that?

- Qu. 3. Do you deliver women here who have risk factors like previous stillbirth, previous caesarean section, a rise in bloodpressure etc. (Probe for others)
- Qu. 4. Why do these situation arise? (Probe for constraints women may have to go to hospital)
- Qu. 5. What complications are you faced with here during labour and delivery from time to time?
Do women come from home with these complications and who attended these women at home?
What do you think women believe about the cause of these conditions?
- Qu. 6. Could you tell us what emergency care you can give in case of:
a) a woman having a fit
b) a woman coming in obstructed labour
c) a woman with heavy, fresh bleeding from the vagina
d) a woman having a retained placenta
- Qu. 7. Do women have difficulties accepting advise for transfer to hospital? Who makes the decisions and how difficult is it for you to persuade relatives to comply with advise?
- Qu. 8. What are your ideas about how women could help prevent some of the complications you describe?
- Qu. 9. Does the community involve you in health education to women's organizations, better life for rural dwellers associations, in prayer houses etc. Are you a member of a village health committee?
- Qu.10. Have you witnessed a maternal deaths - in the clinic or in the village? What happened?

Topic: Postpartum (after delivery)

- Qu. 1. What kind of care do women expect after delivery? Are there practices at home that the formal health system cannot give? What do you teach women about these? (Probe for practices like hot baths after delivery; treatment for fits; treatment for fever)
- Qu. 2. What kind of complications do you see most frequently after delivery? How do you think women and their families could prevent these?

- Qu. 3. What do you teach women about breastfeeding? How long do you wait before you put the baby to the breast? Do you advise the women to give glucose water to the baby? Why?
- Qu. 4. What complications do you see in the newborn baby? What can women do to prevent some of these complications?
- Qu. 5. Would you do a manual removal of placenta if the woman had a retained placenta and was bleeding heavily?
- Qu. 6. If you have to refer a woman with heavy bleeding to hospital, do you prepare relatives that they will be asked to give blood? Are there problems with this concept?
- Qu. 7. Do women come for postnatal check-up to your clinic? If there are few only, why is this the case?
- Qu. 8. What do you do for women in postnatal clinic? (Probe for family planning)
- Qu. 9. Have you ever had a refresher course? What do you consider to be your needs to expand your practice?
- Qu.10. How do you see your role in improving maternity services?

G. Objective:

Regarding Obstetricians and Gynaecologists

1. To enquire about the prevailing maternal health problems in the area and the women's/family/community response to them.
2. To determine the beliefs about causation of complications during pregnancy and childbearing.
3. To establish constraints for women and families to use the maternity services and suggestions for improvement.

Topics: --Health problems and complications during pregnancy, childbirth and postpartum,
 --traditional beliefs about causation and traditional and modern treatment in the community
 --authority figures, influentials and health care providers' role in decision making
 --perception of cost of health care in terms of time, distance, transport, money, convenience and priority.

- Qu. 1. Do you think women and families hear any messages about pregnancy, birth, postpartum care and care of the newborn?
- Qu. 2. What are the most common complications that women present themselves with during:
- a) antenatal period
 - b) during childbirth
 - c) postpartum
- Qu. 3. For these that you have mentioned, what could women and families do themselves to prevent these?
- Qu. 4. What do people believe are the causes of:
- a) anaemia in pregnancy
 - b) bleeding from the genital tract in pregnancy
 - c) pre-eclampsia
 - d) fits due to eclampsia
 - e) fever and chills
 - f) obstructed labour
 - g) rupture of the uterus
 - f) sepsis after delivery
 - g) stillbirth
 - h) asphyxia of the newborn
 - g) convulsions of the newborn
- Qu. 5. Could you tell us some of the treatment that they use in the village for these conditions?
- Qu. 6. What kind of women would you like to see present themselves for antenatal care and delivery in hospital?
- Qu. 7. Who makes the decisions in the family about these matters?
- Qu. 8. What are some of the constraints for families to comply with the recommendations in terms of distance, money, bringing supplies, transport?
- Qu. 9. What do you think midwives can do in outlying maternities to prevent some of the complications or deal with them in an emergency?
- Qu. 10. Which life-saving skills do you think midwives should be taught and allowed to do to save life? (probe for: starting I.V. infusions; giving antibiotics; performing manual removal of the placenta; doing vacuum extractions)

- Qu. 11. What do you consider the role of the obstetrician/gynaecologist to be regarding periodic visits to the midwives working in maternities and health centers?
- Qu. 12. Do midwives get feed-back regarding the women they referred from the maternities to the hospital? What can be done to improve feed-back?
- Qu. 13. What are your thoughts about the role of the community leaders, womens' organizations, clubs and other sectors to effect change in prevention of complications and a change in care-seeking behaviour?
- Qu. 14. What improvements does the hospital need to effect greater coverage of those at greatest risk?
- Qu. 15. Can you as an obstetrician make contact with leaders of communities where women are kept in purdah even for high risk birth? How do you see your role to effect change?
- Qu. 16. Do you think women are reluctant to come to hospital for fear of an operation? What can be done to educate the public?
- Qu. 17. Is shortage of blood a problem in your hospital? Why are people reluctant to donate blood and how can this be overcome?
- Qu. 18. Are abortion complications a problem in your hospital? What can obstetrician/gynaecologists and midwives do to discourage unsafe abortion and prevent unwanted pregnancies?
- Qu. 19. What do you think should be the most important messages in a Safe Motherhood Campaign?

DEFINITIONS

- Gravid - Pregnant
- Primigravida - A woman pregnant for the first time
- Primipara - A woman having her first child ('primip')
- Multigravida - A woman having had several pregnancies
- Multipara - A woman having had several children ('multip')

- Grand multipara - A woman having had 5 or more children
- Gravida 2, para 1 - A woman pregnant for the second time, having delivered one child.
(partus = birth after 28 weeks of pregnancy)
(abortion = interruption of pregnancy before 28 weeks)
- S.B. - Stillbirth; a baby born dead
- Fresh stillbirth - A baby born dead, which has recently died in the uterus just before or during labour
- Macerated S.B. - A baby which has been dead in the uterus for 72 hours or more, showing signs of maceration (peeling of the skin; overlapping skull bones)
- Perinatal death - A baby born dead or dying within the first 7 days of life
- Neonatal death - A baby born alive, but dying within 28 days of life.
- Maternal death - The death of a woman during pregnancy regardless of duration and up to 42 days after termination of pregnancy from any cause directly or indirectly associated with pregnancy.
This definition includes death from abortion.
- Maternal morbidity - Any illness or disability as a consequence of pregnancy and childbirth.
- Gestation - Pregnancy
- Puerperium - The time from birth up to 6 weeks (42 days) after birth.
- S.V.D. - Spontaneous vertex delivery (vertex is the vault of the skull)
- C.S. - Caesarean section
- L.S.C.S. - Lower Segment Caesarean Section. An operation whereby the baby is delivered through the abdomen and a cut is made in the lower part (segment) of the uterus.
- V.V.F. - Vesico-vaginal fistula (a hole between the bladder and the vagina, leading to incontinence of urine)

- R.V.F. - Recto-vaginal fistula (a hole between the rectum and the vagina, leading to incontinence of faeces)
- A.P.H. - Antepartum haemorrhage. This is bleeding from the birthcanal after 28 weeks of pregnancy and the birth of the baby.
- P.P.H. - Postpartum haemorrhage. This is profuse bleeding from the birthcanal after the birth of the baby either before or after the placenta (afterbirth) is delivered.
- Preterm baby - A preterm (premature) baby is born before 37 completed weeks of pregnancy.
- Liquor - The fluid which is contained in the bag of membranes in the uterus
- Meconium - the term applied to the first stool the baby is passing (green)
- Meconium stained liquor - When the waters break, the fluid will be greenish and it may be a sign that the baby was/is distressed in the womb.
- A.R.M. - Artificial rupture of membranes, done by the doctor or midwife during labour or to induce labour.
- PROM - Preterm rupture of membranes. The membranes rupture before labour pains start. If labour pains do not start within 12 hours, women should report to a health facility because of the risk of infection.
- Transverse lie - The baby is lying transversely in the womb. The woman cannot deliver spontaneously, but needs a caesarean section.
- Prolapse of arm - The arm protrudes from the vagina, which can happen during labour when the lie is transverse.
- Prolapse of cord - the cord comes out in front of the baby. Unless the baby is delivered very soon, it will be the cause of stillbirth.
- C.P.D. - Cephalo-pelvic disproportion. This means that either the head is too big for a particular pelvis (very big baby) or the pelvis is too small for a normal size baby.

- Obstructed labour** - A condition when labour comes to a standstill for mechanical reasons (C.P.D. or transverse lie) and delivery has to take place by operation (usually caesarean section)
- Complications of obstructed labour are o.a.:
 -- severe infection (sepsis)
 -- vesico-vaginal fistula and/or recto-vaginal fistula
- Prolonged labour** - A term applied when a primipara has been in labour for more than 18 hours and a multipara longer than 12 hours.
- Complications of prolonged labour are:
 -- postpartum haemorrhage with or without retained placenta
 -- sepsis
 -- obstructed labour
 -- VVF and RVF
 -- Stillbirth
 -- Neonatal death (death within 28 days of birth)
 -- Neonatal asphyxia (baby not breathing well)
- First stage of labour** - The phase when the cervix is dilating from 0 - 10 centimeters.
- Full dilatation** - When no cervix is felt on vaginal examination and the woman is ready to give birth.
- Second stage of labour** - From full dilatation of the cervix to the birth of the baby.
- The duration in a primipara is usually not longer than 1 hour and in a multipara not longer than 30 minutes.
- Third stage of labour** - From the birth of the baby until the delivery of the placenta.
- Retained placenta** - When the placenta is not delivered spontaneously within 30 minutes of the birth of the baby.
- Manual removal of placenta** - When the midwife or the doctor has to deliver the placenta manually in the case of severe bleeding.
- Vacuum extraction** - An instrument with which the baby is delivered vaginally. A metal or rubber cup

- is placed on the baby's head in the vagina and the birth of the baby can be assisted.
- Forceps delivery** - This instruments has two blades which are placed alongside the baby's head in the vagina and the birth of the baby can be assisted.
- Fetal distress** - The baby is distressed in the uterus. This is detected by the midwife or doctor on hearing an abnormal heartbeat and meconium stained liquor.
- Perineum** - the area of muscles and skin between the vagina and rectum.
- Laceration** - tear
- Perineal tear** - A tear of skin and muscle of the perineum. It can be a first degree tear involving skin mostly. It can be a second degree tear involving skin and muscles. It can be a third degree tear involving also the rectal sphincter leading to incontinence of faeces.
- Tears should be stitched in a health facility, but traditional remedies are used in many cases at home.
- Episiotomy** - A deliberate cut in the perineum to widen the outlet of the birthcanal.
- Puerperal sepsis** - Infection in the mother after the birth of the baby. Usually originating in the genital tract which can lead to generalized infection.
- Colostrum** - Protein-rich milk in the breast during pregnancy which is suitable for the baby immediately after birth.
- Breast engorgement** - Heavy, slightly swollen breasts on the third day after delivery when the milk comes into the breast. A normal condition.
- Mastitis** - Infection of the breast tissue characterized by swollen, sore breasts with red streaks. Complication is breast abcess.
- Placenta praevia** - The placenta lies in the lower part of the uterus, either partially or completely in front of the baby. Women nay experience

recurrent painless bleeding after the 28th week of pregnancy.
(Bleeding before 28 weeks of pregnancy is due to abortion)

- Abruptio placentae** - Separation of the placenta due to high bloodpressure. It will cause severe abdominal pain and there may or may not be bleeding from the birthcanal.
- Pre-eclampsia** - Formerly called pre-eclamptic toxemia (PET). This term is no longer used, but midwifery staff may refer to the condition as 'PET'.

Women have swelling of feet, hands and face, a high bloodpressure and as the condition gets worse have severe headaches and blurred vision.
- Eclampsia** - A condition characterized by fits (convulsions), when pre-eclampsia has become very serious.
- Anaemia** - Lack of haemoglobin in the red bloodcells. In severe anaemia, women are very pale, get swelling of face and feet and may develop a rise in bloodpressure. Heart failure may be a complication of severe anaemia.
- Convulsions** - Fits. Causes may be: eclampsia, epilepsy, meningitis, tetanus, malaria.

Definition of risk factors for selection of women at community level (village or urban) who have delivered, either at home or in a health facility, within the last two months (regardless of whether the baby was live born or stillborn):

The following are considered risk factors to the mother and/or baby for which the pregnant woman might or might not be advised by either the health personnel or others (peers, family members, relatives with previous experience, TBAs etc.) to seek antenatal and/or delivery care in a health facility by a midwife or doctor to prevent complications from developing or prevent complications, once they have arisen as a result of pregnancy, from resulting in severe morbidity or death.

Age: very young (Less than 18) or more than 35 years
(because of difficulty with defining age, use mean age at menarche (14 years) as parameter)

Parity: very young primigravida ; grand multipara (More than 5)

Short stature: (Less than 1.50m) (Take a stick of 1.50 to the village for assessment) for both primip and multip)

Spine or leg deformity:

Previous complicated delivery: caesarean section or operative vaginal delivery.

Previous VVF repair:

Previous retained placenta and postpartum haemorrhage:

Previous stillbirth or death of baby in the first week.

Previous two abortions: (before 7 months of pregnancy)

Previous severe infection after delivery or abortion:
(describe women who have had high fever, pain in the belly and offensive vaginal discharge after previous delivery)

Pregnancy of concern (index pregnancy) for delivery this time:

Pre-eclampsia: (describe in the village as a woman with: severe swelling of feet, hands, face; headaches and disturbed vision, after 7 months of pregnancy.
This is very subjective and signs may be overlapping with anaemia, but if women consider this condition as a problem, then it could be considered as high risk)

Anaemia: (describe in the village as a woman with: dizziness, tiredness, breathlessness.
This again is very subjective, particularly as pallor may not be seen or perceived as a problem, but if it is considered a problem, select the women for interview)

Transverse lie: As the baby is lying transversely, the women perceive this as 'the baby not growing'.

Multiple pregnancy: Twins or triplets

Definition of a home delivery:

This is a delivery outside a formal health facility and includes:

- a) **delivery in the woman's own home: specify: with TBA (trained or untrained), professional midwife, relative; alone**
- b) **delivery in parents in law' home**
- c) **delivery in TBA's home: differentiate between the TBAs own quarters and a TBAs special quarters for delivery.**
- d) **delivery and prayer houses.**

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PROPOSAL FOR A 3-DAY MEETING FOR THE DRAFTING
A NATIONAL POLICY ON BREASTFEEDING FOR NIGERIA
& STRATEGIES FOR IMPLEMENTATION OF THE POLICY

BACKGROUND

The traditional Nigerian way of feeding infants over the years has always been breastfeeding. Mothers breast feed as a matter of course, adding a staple based gruel as and when they feel it is needed. The age at which the gruel is added varies from area to area and also within the same area.

It has been observed however that due to many factors mothers tend to stop breast feeding early and where breast feeding goes on for up to 12 months and above foods and liquids other than breast milk are introduced at a very early age. Thus the preliminary report of the 1990 National Demographic and Health Status survey shows that 97% of infants had been fed substances other than breast milk before the age of three months.

Reasons given for early introduction of liquids and foods other than breast milk before 4 months are many and range from the mothers milk not being sufficient, mothers milk gone sour (possibly because of a short separation of mother and child for 2 or so days,) the baby crying continuously and the baby feeling thirsty. Of recent appraisal of the country situation with regard to promotion and support of breast feeding and implementation of the code of marketing of Breast Milk Substitutes carried out in July 1991 as part of a WHO Global Appraisal and with Technical support from a WHO Consultant highlighted some of the above reasons.

The above Country situation also highlights the predicament of working mothers especially in Urban areas where transportation can be a big hindrance.

It is also now widely recognized that certain hospital routines such as keeping babies in separate rooms from the mothers giving of pre-lacteal drinks and feeding according to a time schedule work against the establishment of breast feeding. These practices abound (see the FMOH, WHO, CREF report). Babies are not put to the breast within 1 hour of delivery. They are often taken away while the mother is allowed to rest. In many of the hospitals

visited for the country evaluation in 1991 July, newborns are first given a drink of plain water or glucose water. Also babies who cry a lot are given infant formula even on the first day. The latter is true even in rural areas. The Glucose water is given only to babies with jaundice.

It was also observed that mothers routinely take into hospital when going on admission for delivery, feeding bottles and glucose. Though not prescribed by the nurses, few hospitals prohibit the presence of these items on the wards.

In view of these practices and the high infant mortality, high infant malnutrition rates and high incidence of Diarrhoeal diseases among others, the old Nutrition Division of the Public Health Department of the Federal Ministry of Health developed a draft National Programme for the Promotion and Support of Breastfeeding in 1986.

The Primary Objective of the Draft National Programme on Breastfeeding are:

- i) Protection and Preservation of Breastfeeding Traditions.
- ii) Support for breastfeeding after the first 4 - 6 months with very good weaning practices by encouraging the use of diets based on available local food-stuffs on seasonal basis.
- iii) Encouragement of Growth Monitoring as a means of monitoring the adequacy of a child's diet and other health related factors.
- iv) Promotion of good eating habits among pregnant and lactating women.

With regard to the latter, there is a need for a better understanding of the relationships between the general health and nutrition status of mothers and their ability to produce enough milk. Also the daily stresses under which women generally find themselves in their activities as home makers and breadwinner combined may greatly influence the volume of milk produced.

Nigeria had in 1981 adopted the WHO Code of Marketing of Breastmilk Substitutes. The Nigerian Code was developed and launched in 1983, revised in 1986 and regulations drawn up. The regulations were later promulgated into decree No 41 of December 30th 1991 on Marketing of Breastmilk Substitutes.

Also in July 1991. The Baby Friendly Hospital Programme was launched in collaboration with UNICEF.

In view of the above it has become necessary to have definite policy guidelines with regard to hospital practices, length of exclusive breastfeeding, maternity leave, provision of creches near offices, and breastfeeding breaks among others.

The two day meeting will bring together professionals from various fields such as Nutrition, Paediatrics, Obstetrics, Community Medicine, Primary Health Care, Nursing and Midwifery and Policy makers who are actively engaged in the promotion and support of breastfeeding to formulate a final draft policy on:

1. Hospital practices as they affect breastfeeding.
2. Length and duration of breastfeeding.
3. Support for breastfeeding mothers
(e.g. maternity leave, breastfeeding breaks, provision of creches etc).

The participants will then go on to outline strategies for implementing the policy.

The meeting will be preceded by collation of existing information by Dr. (Mrs). A. O. Grange Ag. Head Dept. of Paediatrics, Lagos University Teaching Hospital. She will present a lead paper based on the available information.

The lead presentation will be followed by short lead contributions.

SUMMARY OF OBJECTIVES OF THE 3 DAY MEETING

1. To formulate a draft National Policy on breastfeeding.
2. To develop strategies for the implementation of the policy.

DURATION OF MEETING - 3 DAYS

Participants are expected to arrive at the venue on the eve of the 1st day of the meeting.

PERSONS TO BE INVITED

25 Participants to include

Paediatricians

Obstetricians

Sociologists

Nurse Midwives

Community Physicians

Nutritionists

All areas of the country will be represented. Three of the participants are wellstart Alumni while two of the FMOH participants have attended ICFAN Seminars.

Also to be present at this workshop are representatives of the following agencies (to be sponsored by their agencies)

USAID (? Represented by Mothercare)

UNICEF

WHO

UNFPA

Food Companies

The participants from the Federal Ministry of Health will include officers in charge of Health Education, Family Planning, Maternal and Child Health, Baby Friendly Hospitals Programme. As this is primarily a policy formulation and strategy workshop participants have been limited to known nationals with experience in breast feeding, administration and policy formulation.

EXPECTED OUTCOME:- Expected outcome of the seminar is a draft policy and strategies for its implementation which can be forwarded for official approval and adoption. Once adopted the policy and strategy will form a basis for implementation of a National Programme the policy will guide training activities and other activities geared towards the promotion and protection of breast feeding.

BUDGET: for the 3 day national meeting on breastfeeding

All donor agency representatives will be sponsored by their respective agencies.

25 participants excluding donor agencies will be sponsored by Mothercare.

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1. Hotel Accomodation:

| | |
|------------------------------------------|---------------------------|
| 25 participants x 4 nights at N275/night | |
| N275 x 25 x 4 nights | N . k 27,500 . 00 |
| 4 Secretariat staff x N275 x 4 nights | 4,400 . 00 |
| Hall hire for 3 days at N1,500.00 | 4,500 . 00 |
| Overhead projector at N250 x 3 days | 750 . 00 |
| Secretariat room hire N275 x 4 days | 1,100 . 00 |
| | <hr/> |
| 10% state tax x 5% service charge | 38,250 . 00 5,737 . 50 |
| | <hr/> |
| | 43,987 . 50 |
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2. Subsistence:

| | |
|-------------------------------------|-------------|
| Per diem | |
| N450 x 4 days x 25 Resource persons | 45,000 . 00 |
| N150 x 4 days x 4 Support staff | 2,400 . 00 |

3. Honorarium:

| | |
|--------------------------------------------------------------------|-------------|
| N300 x 20 x 3 days | 12,000 . 00 |
| Information will be collected from all the 20. (resource persons). | |

4. Material as Supplies:

| | |
|--------------------------------------------------|---------------|
| • Postage and DHL of letters and working papers. | 5,000 . 00 |
| • Reproduction of working papers. | |
| - Draft national breastfeeding programme) | |
| - Code of ethics |) |
| - Decree on breastmilk substitute |) |
| - Other papers as may be available |) 25,000 . 00 |
| - Stationery |) |
| - Photocopier and duplicator rentals. |) |

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5. Travel and Associated Expenses:

Transportation

| | | |
|----|----------------------------------------------------------------------------------------------------------------------------|--------------|
| a. | Participants from Lagos N500 x 15 persons | 7,500 . 00 |
| b. | Participants from other states airfare N2,000 return x 10 persons (There has been an increase in airfare lately). | 20,000 . 00 |
| c. | N100 x 4 support staff | 400 . 00 |
| | Incidentals | 4,000 . 00 |
| | | <hr/> |
| | GRAND TOTAL | 171,267 . 50 |
| | | ===== |

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APPENDIX E.

CONTACT LIST

Federal Ministry of Health

Dr. P.O. Okungbowa, Deputy Director, PHC Division
Dr. A.A. Adeyemi, Assistant Director, PHC Division
Mrs. E.B. Balogun, PNO, PHC
Mrs. O.E. Fadele, Staff Nurse Midwife, PHC
Mrs. V. Ivagba, Senior Nutrition Officer
Dr. Mrs. V. Nnatuanya, Assistant Chief Nutrition Officer

USAID

Mr. Eugene Chiavaroli, AAO, USAID
Mrs. Elizabeth Lule, Program Analyst, USAID
Dr. John McWilliam, Project Administrator, FHS
Mr. George Oligbo, Director of Operations, FHS
Ms. Susan Krenn, Country Representative, FHS/JHU/PCS
Mrs. Lola Payne, Country Co-ordinator, MotherCare
Mr. U.S.A. Nnanta, MotherCare/FHS/JHU/PCS Administrator
Miss Gail Allison, MotherCare/ACNM Consultant

Public Opinion Polls (POP)

Mr. Biodun Odubola, Project Director 1, POP
Mr. Femi Odusi, Project Director 2/Senior Research Executive
Miss Dupe Amodu, Research Executive
Consultants to the Maternal Health Research Project

Lagos University Teaching Hospital

Dr. Mrs. A.O. Grange, Ag. Head of Dept. of Paediatrics

STATES

OYO

Mr. J.A. Bankole, Hon. Commissioner for Health
Mr. A. Oni, D.G., MOH
Dr. E.N. Onafowukan, Director, PHC
Dr. Larseinde, DMS, MOH
Mrs. A.D. Ladipo, Deputy Director, PHC
Mr. J.A. Adegoke, Principal Medical Records Officer, Oyo SHMB
Mrs. F. Sotunde, Ass. Director Pharmacy Services
Mrs. Egun Delano, Fertility Research Unit, UCH, Ibadan
Mrs. M.O. Olugbode, State Family Planning Coordinator
Mrs. O.I. Ajagbe, Deputy State Family Planning Coordinator
Mr. O. Onigbinde, Zonal Programme Officer, Ibadan, FMOH PHC Zone B
Dr. K.A. Iyun, Chief Consultant, Adeoyo Hospital
Mrs. Ayinde, Matron Adeoyo Hospital

Matron and Midwifery Staff, Maternity Unit, Adeoyo Hospital

Dr. M.A. Adojokun, Chief Consultant Physician, State Hospital, Oyo
Dr. F.O. Olabisi, Consultant Obstetrician/Gynaecologist, State Hosp. Oyo
Matron and Midwifery Staff, Maternity Unit and theatre, State Hosp. Oyo

OSUN

Mrs. M.M. Ijisakin, CBAs Coordinator
Mrs. G.I. Edu, Programme Officer, School Health Services
Mrs. J.M. Akinlade, Programme Officer, MCH
Mrs. M.O. Adewoye, MCH Coordinating Unit
Mrs. V.F. Odetola, IEC Officer, F/P Unit
Mrs. F.F. Komolafe, Prin. Midwife Tutor
Matron and Staff Maternity Unit, Oshogbo Hospital

BAUCHI

Mr. Caleb Maina, Coordinator, PHC
Mr. Yakubu Iliya, Director of Nursing Services
Mrs. Helen Riad Jammal, Asst. Chief Health Sister, PHC

Mrs. Salome Sambo, Matron Obs/Gyn Dept., Bauchi Hospital
Mr. K.B. Tula, Chief Nursing Officer, Bauchi Hospital

Dr. G.F. Buma, Medical Officer i/c Maternity, Darazo Hospital
Mrs. Binta Jusuf, Sister i/c, LGA Maternity, Darazo
Mrs. Awa Mohammed, LGA Maternity, Darazo

Alhaji Yakuba, Senior Secretary, Azare General Hospital
Dr. Suleiman Saad, Medical Officer i/c Maternity Unit, Azare Hospital
Mrs. Laraba Sale, Matron i/c Maternity, Azare Hospital
Mr. Ahmad S. Kole, Chief Nursing Superintendent, Azare Hospital

Miss Adama Ali, Midwife, Maternity Unit, Misau General Hospital

Mrs. Caroline Dogo, Sister i/c/ LGA Urban Maternity, Gombe

Mr. A.A. Tukka, Chief Nursing Superintendent, Gombe General Hospital
Mrs. Ruth Bitrus, Matron i/c/ General Hospital, Gombe
Mrs. Martina Samuch Kidida, N/Midwife, Gombe Maternity Unit
Mrs. R.B. Mamman, N/Midwife, Gombe Maternity Unit
Mrs. Fatimah M. Kwairanga, N/Midwife, Maternity Unit, Gombe Gen Hospital