

WELLSTART

San Diego Lactation Program

LACTATION MANAGEMENT EDUCATION PROGRAM
SESSION REPORT

July 23 - August 17, 1990

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WELLSTARTSM

THE SAN DIEGO LACTATION PROGRAM

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 - Quirino, Philippines
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 - Mexico City, Mexico
 - Bandung, Indonesia
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I. Introduction and Summary

A Lactation Management Education (LME) Program course was held at the Wellstart facilities in San Diego from July 23 - August 17, 1990. Seven health professionals from Pakistan, five from the Philippines and two from Mexico attended the four week course. In addition, two Advanced Study Fellows from Indonesia participated in the course as part of their two month Fellowship experience. Please see Appendix 1 for a list of all participants with professional disciplines and affiliations noted.

The goal and objectives for the LME Program of which this course is a part are as follows:

Goal

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

Objectives

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

Methods used to meet the goals and objectives for the most part remain unchanged from previous LME courses. Details of specific course activities can be found in Appendices 2 and 3 (Course Schedule and Faculty and Staff List). A description of the Advanced Study Fellowship is attached as Appendix 4.

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

- (1) To determine if the experience in San Diego modified the quantity and/or quality of the participants' knowledge about breastfeeding, short unannounced pre- and post-tests were given. Results of these tests suggest that participants' knowledge base was significantly increased at the completion of the four-week course. (Average scores rose from 52.9% to 67.7% correct answers, Appendix 5).

- (2) Individual session critiques were completed by participants for all 35 of the didactic sessions provided during the course. Participants were asked to rate the usefulness, quality and quantity of the presentation, as well as respond to whether the speaker and/or topic should be included in the future. The tabulated scores reflect a high level of satisfaction with the quality of the material presented as well as with the speakers themselves. The mean score for usefulness and quality was 4.8 and 4.7 respectively, using a scale of 0 to 5, with 5 being the highest possible score.
- (3) An evaluation form was given to participants at the end of the entire course to allow them an opportunity to comment on all elements of the course experience. The results of these evaluations are summarized by discipline and for the group in Appendix 6.

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

II. Comments on Specific Program Components

Recruitment/Selection

For the most part Wellstart's criteria for selection of appropriate participant teams was followed and the resulting participants, though quite varied, were generally appropriate in terms of disciplines, experience, responsibility and commitment. It was a disappointment, however, that none of the teams participating in this particular course contained a nutritionist.

Though the variety in experience, English language capability and cultural background created a challenging atmosphere in which to present the course material, this same variety also enriched the experience for all participants, as well as for the course faculty.

Education/Motivation

The LME course was designed to assist the participants in meeting their specific needs for technical information, clinical skills, and program planning and evaluation expertise. Specially selected guest faculty provided a wide variety of state of the art information on the science of lactation, maternal and infant nutrition, lactation management, breastfeeding promotion, appropriate weaning practices and related topics.

Besides the formal classroom, clinical and field trip activities (Appendix 2), the LME course also includes several extracurricular experiences which are important components of the team development and educational processes. The camaraderie formed within and among teams is one reason for the success and sustainability of the teams' programs as they return to their countries using team synergy and motivational momentum to effect and maintain change.

Several successful modifications or additions to the LME course curriculum were made during this particular course. For example, the Program Planning and Evaluation component of the curriculum was reorganized and expanded to include a sequence of presentations and individual team workshop sessions. The presentations are: Orientation to Program Planning, Programs to Promote and Protect Breastfeeding, Program Planning and Evaluation, Curriculum Design, and Research Methodology. Additional new topics include: The Effect of Continuous Social Support During Labor on Perinatal Morbidity, Laboratory Support for Clinical Lactation, Effects of Maternal Nutrition on Milk Volume and Composition, and Breastfeeding Promotion in the United States.

Participation by the two Advanced Study Fellows in all course sessions allowed for an interesting and useful interchange of ideas between new participants and those that had been in the field for several years since their initial exposure to Wellstart. Fellows as well as participants benefitted from this exchange.

Material Support

The formal course syllabus, including reading lists, was updated and improved for the course. Course participants found the syllabus helpful and easy to use. Each participant received a set of text books and each team received a reprint library of approximately 900 reprints. Reference lists by subject for all 900 articles were included in the course syllabus.

LME Program funds also allow each participating team and each Fellow to purchase relevant teaching materials such as slides, text books, video tapes, teaching dolls, and breast pumps for use in-country. Participants were also provided, as part of their course syllabus, with information on how to create good teaching slides and handouts, and suggestions on how to organize reprints, slides and related materials. Participants were urged to review and utilize this valuable information as they work on establishing and maintaining their collections of teaching resources.

Program Planning

An essential component of the LME course experience is the preparation and presentation of each team's plans for program implementation. A copy of each team's plans, including plans developed by the two Fellows, are included as Appendix 7.

The teams formally presented their plans to an audience of Program faculty, staff and invited guests on the final day of the course. As an important next step, they were urged to share their plans with their supervisors, the USAID Mission, the Ministry of Health and others, as appropriate. Program participants are expected to pursue the implementation of their program plans upon returning home and to keep Wellstart faculty and staff informed of their progress through periodic communication.

III. Recommendations for the Future

Program participants representing a country new to the Wellstart Program such as Pakistan, as well as participants joining others who have previously entered the Wellstart Program such as Mexico, Philippines and Indonesia, have the potential to become powerful resources for national breastfeeding promotion and protection efforts. The professional knowledge

and skills, the materials and motivation, and the sense of teamwork acquired in San Diego create a strong basis for implementing the short and long-range goals they have articulated.

The process of networking and communication which began between and among the participants in San Diego should be built upon so that these resources of expertise can be adequately utilized and function as national working groups for the promotion and protection of breastfeeding. These teams, as they join with others who have already entered the Program or with colleagues who will enter the Program in the future, should be encouraged to continue to function as teams, and should be viewed as key resources for further activities in-country. For example, negotiations are currently underway to enter into the Program additional teams from Pakistan, the Philippines and Mexico over the next year. It is anticipated that over 25 additional Pakistanis will enter the Program during 1991. This is particularly exciting in light of the Pakistani government's and the USAID Mission's commitment to developing a national breastfeeding program with a strong lactation management education component.

An additional fifteen health professionals from the Mexican Social Security Institute (IMSS) will also be joining the Program next year by attending the February 1991 LME course. Having one of the Mexican team members from the July-August 1990 course return to San Diego as an Advanced Study Fellow during February-March 1991 will help to enhance the ability of IMSS to provide quality lactation management education throughout its health professional network. Further discussions with IMSS, the Mexican USAID Mission and other interested organizations as to how to best support IMSS in this process will occur during a trip that Wellstart's Co-Director will make to Mexico City in early November.

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

As these teams work to implement their program plans, it is hoped that agencies with a vested interest in the success of these worthwhile efforts such as the USAID Missions in-country, governmental and non-governmental organizations and international funding agencies, will lend their commitment and support to assure that this important initial investment will develop into long term, institutionalized teaching and clinical service programs.

APPENDIX 1

Participants

Current Course Participants - July 23 - August 17, 1990

**Mayo Hospital/King Edward Medical College
Lahore, Pakistan**

Dr. Fehmida Jalil
Professor Pediatrics

Dr. Fakhai un-Nisa
Professor of Obstetrics-Gynecology

Dr. Rifat Nisar Ashraf
Professor of Social and Preventive Pediatrics

Miss Nusrat Siddiqui
Nurse

**Federal Government Services Hospital
Islamabad, Pakistan**

Dr. Samia Janjua
Head, Department of Obstetrics-Gynecology

Dr. Zafar Iqbal Naem
Neonatologist

Mrs. Zainab Bibi Qazi
Charge Nurse

**Quirino Memorial Medical Center
The Philippines**

Dr. Teresita Flavier
Obstetrician-Gynecologist

Dr. Lourdes Maraviles
Pediatrician

Ms. Marina Alvares
Senior Nurse

**Department of Health
Manila, The Philippines**

Dr. Nerlina Pangilinan
Medical Specialist II, Hospital Operations and
Management Service

Dr. Juanita Basilio
Medical Specialist II, Maternal and Child
Health Service

**Mexican Social Security Institute (IMSS)
Mexico City, Mexico**

Dr. Guillermo Regalado
Chief of Neonatal Pediatric Service
Ob-Gyn Hospital #3, "La Raza" Tertiary Care
Hospital

Dr. Ignacia Cisneros
Chief of Neonatal Service
Ob-Gyn Hospital, #4, Luis Castelazo Ayala

Wellstart Alumnae Participating in Advanced Study Fellowship

Dr. Emelia Suroto-Hamzah
Pediatrician
Hasan Sadikin General Hospital
Bandung, Indonesia

Dr. Parma Asnil
Pediatrician
Dr. M. Jamil Hospital/Andalas University
Padang, Indonesia

APPENDIX 2

Course Schedule

SCHEDULE (Lectures, Workshops, Clinical Experiences, Field Trips)

July 23 - August 17, 1990

Week I

Monday July 23	Tuesday July 24	Wednesday July 25	Thursday July 26	Friday July 27
<p>8:00 - 8:30 Escort to Wellstart and Tour of Facilities</p> <p>8:30 - 12:30 Team Presentations</p>	<p>8:00 - 9:00 General Orientation to Program</p> <p>9:15 - 12:30 Breastfeeding and Child Survival -A. Naylor</p>	<p>8:30 - 12:00 Physiology of Lactation -M. Neville</p>	<p>8:15 - 10:30 (Classroom 8:15) Tour of UCSD and Orientation to Clinical Experiences -Faculty</p> <p>11:00 - 12:00 Breast Examination -V. Lops</p>	<p>10:00 - 1:00 Clinical Experiences/Audio Visual Review</p> <p><i>Lactation Clinic (Clinic House)</i> Jalil Regalado Alvares Naeem Pangilinan Asnil</p> <p><i>Nutrition Counseling (Vicky's Office)</i> Janjuz Cisncros Basilio</p> <p><i>Breast Exam Review (Classroom)</i> Maraviles Siddiqui Nisa Flavier</p> <p><i>Slide/Tape Set Review (Library)</i> Ashraf Quazi Hamzah</p>
<p>12:30 - 1:30 Lunch with Faculty and Staff</p>	<p>12:30 - 1:30 Lunch</p>	<p>12:00 - 1:00 Lunch</p>	<p>12:00 - 1:00 Lunch</p>	<p>1:00 - 2:00 Lunch</p>
	<p>1:30 - 2:00 Orientation to Program Planning Assignment -J. Schooley -A. Naylor</p> <p>2:15 - 4:30 Programs to Promote and Protect Breastfeeding -A. Naylor</p>	<p>1:00 - 2:30 Management of Successful Breastfeeding -E. Creer</p> <p>2:45 - 4:15 Maternal Nutrition -V. Newman</p>	<p>1:00 - 3:00 Infant Related Issues Impacting Successful Lactation and Breastfeeding -R. Wester</p> <p>3:15 - 5:00 Maternal Related Issues Impacting Successful Lactation and Breastfeeding -R. Wester</p>	<p>2:00 - 3:45 Infant Nutrition and Weaning -V. Newman</p> <p>4:00 - 5:30 Comparative Lactation -A. Naylor</p>

Week II

Monday July 30	Tuesday July 31	Wednesday August 1	Thursday August 2	Friday August 3
<p>8:30 - 9:45 Hospital Rounds (Classroom 8:15) Ashraf Quazi Nisa Flavier Hamzah</p> <p>10:00 - 1:00 Clinical Experiences/Audio Visual Review</p> <p><i>Lactation Clinic</i> Hamzah (Clinic House) Basilio Janjua Cisneros Maraviles Siddiqui</p> <p><i>Nutrition Counseling</i> (Vicky's Office) Jalil Asnil Alvares</p> <p><i>Breast Exam Review</i> (Classroom) Regalado Naeem Ashraf Quazi</p> <p><i>Slide/Tape Set Review</i> (Library) Nisa Flavier Pangilinan</p>	<p>8:00 - 10:15 Slow Gain/Insufficient Milk Syndrome -N. Powers</p> <p>10:30 - 12:30 Curriculum Design -E. Creer</p>	<p>8:30 - 9:45 Discussion and Review -Faculty</p> <p>10:00 - 1:00 Clinical Experiences/Audio Visual Review</p> <p><i>Lactation Clinic</i> (Clinic House) Ashraf Quazi Nisa Flavier Jalil Regalado</p> <p><i>Nutrition Counseling</i> (Vicky's Office) Naeem Siddiqui Maraviles</p> <p><i>Breast Exam Review</i> (Classroom) Janjua Cisneros Pangilinan Hamzah Alvares</p> <p><i>Slide/Tape Set Review</i> (Library) Basilio Asnil</p>	<p>10:00 - 1:00 Clinical Experiences/Audio Visual Review</p> <p><i>Lactation Clinic</i> (Clinic House) Alvares Naeem Janjua Cisneros Maraviles Siddiqui</p> <p><i>Nutrition Counseling</i> (Vicky's Office) Flavier Regalado Hamzah</p> <p><i>Breast Exam Review</i> (Classroom) Jalil Basilio Asnil</p> <p><i>Video Tape Review</i> (Library) Ashraf Quazi Nisa Pangilinan</p>	<p>7:00 Leave San Diego</p> <p>8:00 - 12:00 Comparative Lactation Field Trip to the San Diego Wild Animal Park -L. Killmar</p>
<p>1:00 - 2:00 Lunch</p>	<p>12:30 - 1:30 Lunch</p>	<p>1:00 - 2:30 Lunch</p>	<p>1:00 - 2:00 Lunch</p>	<p>12:00 - 1:00 Lunch</p>
<p>2:00 - 5:30 Program Planning and Evaluation -A. Browalee -E. Creer -A. Garza</p>	<p>1:30 - 3:00 Issues in Research -A. Garza</p> <p>3:15 - 5:15 Working Mothers -R. Wester -L. Scott</p>	<p>Film during Lunch: "Amazing Newborn"</p> <p>2:30 - 4:30 The Effect of Continuous Social Support During Labor on Perinatal Morbidity -M. Klaus</p>	<p>2:00 - 3:30 Neonatal Neuro-Motor and Oral-Motor/Feeding Evaluation -K. Bouma</p>	<p>1:00 - 5:00 Intercultural Orientation -Faculty</p>

Week III

Monday August 6	Tuesday August 7	Wednesday August 8	Thursday August 9	Friday August 10
<p>8:30 - 9:45 Hospital Rounds (Classroom 8:15) Cisneros Maraviles Siddiqui Asnil Basilio</p> <p>10:00 - 1:00 Clinical Experiences/Audio Visual Review</p> <p><i>Lactation Clinic (Clinic House)</i> Ashraf Quazi Nisa Flavier Asnil Hamzah</p> <p><i>Nutrition Counseling (Vicky's Office)</i> Pangilinan Jalil Regalado</p> <p><i>Slide/Tape Set Review (Library)</i> Naeem Janjua Cisneros Alvares</p> <p><i>Video Tape Review (Classroom)</i> Basilio Maraviles Siddiqui</p>	<p>8:00 - 10:00 Effects of Maternal Nutrition on Milk Volume and Composition -K. Dewey</p> <p>10:15 - 12:15 Growth and Growth Monitoring for Breastfed Infants -K. Dewey</p>	<p>8:30 - 9:45 Hospital Rounds (Classroom 8:15) Jalil Regalado Alvares Naeem Pangilinan Janjua</p> <p>10:00 - 1:00 Clinical Experiences/Audio Visual Review</p> <p><i>Lactation Clinic (Clinic House)</i> Jalil Regalado Alvares Naeem Pangilinan Basilio</p> <p><i>Nutrition Counseling (Vicky's Office)</i> Ashraf Quazi Nisa</p> <p><i>Slide/Tape Set Review (Library)</i> Maraviles Siddiqui</p> <p><i>Video Tape Review (Classroom)</i> Janjua Cisneros Flavier Asnil Hamzah</p>	<p>8:30 - 9:45 Oral-Motor Rounds (Classroom 8:15) Ashraf Quazi Nisa Flavier Hamzah</p> <p>10:00 - 11:00 Lactation Education in Medical Training Programs -N. Powers -Faculty</p> <p>11:15 - 12:15 Jaundice -A. Garza</p>	<p>8:30 - 10:00 Drugs and Contaminants -P. Anderson</p> <p>10:00 - 1:00 Clinical Experiences/Audio Visual Review</p> <p><i>Lactation Clinic (Clinic House)</i> Janjua Cisneros Maraviles Siddiqui Ashraf Quazi</p> <p><i>Nutrition Counseling (Vicky's Office)</i> Alvares Hamzah Naeem</p> <p><i>Slide/Tape Set Review (Reprint Room)</i> Jalil Regalado</p> <p><i>Independent Study</i> Pangilinan Basilio Asnil Flavier Nisa</p>
<p>1:00 - 2:00 Lunch</p>	<p>12:15 - 3:00 Lunch</p>	<p>1:00 - 2:00 Lunch</p>		<p>1:00 - 2:00 Lunch</p>
<p>2:00 - 5:30 Program Planning Workshops -A. Brownlee -E. Creer -A. Garza</p> <p>2:00 - 4:00 <i>Mexico</i></p> <p>3:15 - 4:15 <i>Philippines</i></p> <p>4:30 - 5:30 <i>Pakistan</i></p>	<p>(During Lunch) Cultural Traditions and Beliefs Surrounding Breastfeeding -A. Garza -Faculty</p> <p>3:15 - 5:30 Films and Discussion -A. Naylor</p> <p>("Kangaroo Care" and "Kangaroo Care" and "Kangaroo Care" Low Birth Weight Infants")</p>	<p>2:00 - 5:00 Induced and Relactation -E. Jones -A. Naylor</p>	<p>12:15 - 5:00 Field Trip to ISSSTECALI Hospital, Tijuana, Mexico -E. Jones -G. Chong</p>	<p>2:00 - 5:30 Program Planning Workshops -A. Brownlee -E. Creer -A. Garza</p> <p>2:00 - 3:00 <i>Pakistan</i></p> <p>3:15 - 4:15 <i>Mexico</i></p> <p>4:30 - 5:30 <i>Philippines</i></p> <p>3:30 - 6:00 Teaching Resources Review and Selection (<i>Pakistan</i>)</p>

Week IV

Monday August 13	Tuesday August 14	Wednesday August 15	Thursday August 16	Friday August 17
<p>8:30 - 9:45 Oral-Motor Rounds (Classroom 8:15) Cisneros Maraviles Siddiqui Basilio Asnil</p> <p>10:00 - 12:00 Human Milk for the Premature Infant -R. Schanler</p>	<p>8:00 - 10:00 Laboratory Support for Clinical Lactation Management -N. Powers -Faculty</p> <p>10:15 - 12:15 Lactation Management for Mothers of Preterm Infants -N. Biondillo</p>	<p>8:30 - 9:45 Oral-Motor Rounds (Classroom 8:15) Jalil Regalado Alvares Naeem Pangilinan Janjua</p> <p>10:00 - 1:00 Clinical Experiences/ Independent Study</p> <p><i>Lactation Clinic (Clinic House)</i> Alvares Naeem Janjua Cisneros Maraviles Siddiqui</p> <p><i>Nutrition Counseling (Vicky's Office)</i> Flavier Nisa Asnil</p> <p><i>Video Tape Review (Classroom)</i> Jalil Regalado</p> <p><i>Independent Study</i> Ashraf Quazi Hamzah Basilio Pangilinan</p>	<p>8:00 - 10:00 Consultant's Report Seminar (Review of 20 Questions Assignment) -Faculty</p> <p>10:00 - 1:00 Clinical Experiences/ Independent Study</p> <p><i>Lactation Clinic (Clinic House)</i> Ashraf Quazi Nisa Flavier Asnil Hamzah</p> <p><i>Nutrition Counseling (Vicky's Office)</i> Janjua Cisneros Maraviles</p> <p><i>Independent Study</i> Jalil Regalado Alvares Naeem Siddiqui Basilio Pangilinan</p>	<p>8:30 - 9:30 Breastfeeding Promotion in the United States -E. Brannon</p> <p>10:00 - 1:00 Team Program Plans</p>
<p>12:00 - 1:00 Lunch</p>	<p>12:15 - 1:30 Lunch</p>	<p>1:00 - 2:00 Lunch</p>	<p>1:00 - 2:00 Lunch</p>	<p>1:00 - 2:00 Lunch</p>
<p>1:00 - 3:00 Breastfeeding, Fertility, and Child Spacing -M. Labbok</p> <p>3:15 - 5:15 Controversies in Lactation Management -A. Garza</p>	<p>1:30 - 4:30 Clinical Experiences/ Independent Study</p> <p><i>Lactation Clinic (Clinic House)</i> Nisa Flavier Asnil Hamzah Jalil Regalado</p> <p><i>Nutrition Counseling (Vicky's Office)</i> Ashraf Quazi Siddiqui</p> <p><i>Video Tape Review (Classroom)</i> Alvares Naeem</p> <p><i>Independent Study</i> Janjua Cisneros Maraviles Basilio Pangilinan</p> <p>4:30 - 7:00 Teaching Resources Review and Selection (Mexico and Philippines)</p>	<p>2:00 - 4:00 Case Management Review Session -Faculty</p>	<p>2:00 - 3:30 Formula Marketing and the WHO Code -J. Schooley -A. Naylor</p> <p>3:45 - 5:45 Professional Roles and Responsibilities on the Multidisciplinary Team -Faculty</p>	<p>2:00 - 4:00 Administrative Matters -J. Schooley</p> <p>7:00 - 10:00 Closing Ceremonies and Farewell Banquet</p>

APPENDIX 3
Faculty and Staff List

FACULTY AND STAFF

Wellstart Core Faculty

Elizabeth Creer, FNP, MPH
Family Nurse Practitioner

Álvaro Garza, MD, MPH
Assistant Director, Research and Evaluation

Audrey Naylor, MD, DrPH, FAAP
Co-Director and President

Vicky Newman, RD, MS
Perinata! Nutritionist

Nancy Powers, MD, FAAP
Director, Professional Services

Janine Schooley, MPH
Educational Program Manager

Lois Scott, RN
Lactation Specialist

Ruth Wester, RN, BA, CPNP
Co-Director and Vice-President

Adjunct Faculty

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

Nancy Biondillo, RN
Lactation Support Program
Texas Children's Hospital
Houston, Texas

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

Ann Brownlee, PhD
Medical Sociologist and International Health
Consultant
Escondido, California

Gabriel Chong, MD
Director
Hospital ISSSTECALI
Tijuana, Mexico

Katheryn G. Dewey, PhD
Associate Professor, Department of Nutrition
Associate Director of the Program for
International Nutrition
University of California
Davis, California

Elizabeth Jones, RD, MPH
Pediatric Nutrition Consultant
San Diego, California

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

Marshall Klaus, MD
Director of Academic Affairs
Oakland Children's Hospital
Oakland, California

Miriam Labbok, MD, MPH
Associate Professor and Director,
Breastfeeding and Maternal and Child Health
Institute for International Studies in Natural
Family Planning (IISNFP)
Department of Obstetrics and Gynecology
Georgetown University Medical Center
Washington, DC

Vanda Lops, CNM
Assistant Clinical Professor, Department of
Reproductive Medicine, and Director,
Nurse Midwifery Service
UCSD Medical Center
San Diego, California

Margaret Neville, PhD
Department of Physiology
University of Colorado School of Medicine
Denver, Colorado

Richard Schanler, MD
Associate Professor of Pediatrics, Baylor
College of Medicine, and Investigator,
Children's Nutrition Research Center
Houston, Texas

Administrative Staff

Cynthia Collins
Staff Assistant

Kay Coulter
Accounting Assistant

Lisa Daigle
Financial Manager

Kathleen Finn, MA
Administrative Services Director

Patricia Gage, MA, RD
Staff Assistant

Monica King
Educational Program Assistant

Darlynn Konold
Billing Services Coordinator

Bruny Lopez
Receptionist

Carol Parker
Word Processor

Deborah Ress
Secretary

Susan Walker
Administrative Assistant

APPENDIX 4

Description of Advanced Study Fellowship

75-

LACTATION MANAGEMENT ADVANCED STUDY FELLOWSHIP

I. OVERVIEW

Since its inception in 1983, the purpose of Wellstart's Lactation Management Education (LME) program has been to help create sustainable national and/or regional resources of expertise for training health care providers regarding the scientific aspects of human lactation and the application of this information to the provision of sound, scientifically based clinical care for breastfeeding mothers and babies. The basic approach utilized in the program has been to educate multidisciplinary teams of health care professionals from teaching hospitals and governmental health services from selected countries where breastfeeding promotion activities are underway. The teams, in turn, develop programs in their own institutions where further training can be carried out.

In order to strengthen these programs and enhance the probability of becoming a sustainable national resource, Wellstart has designed a two month Advanced Study Fellowship program for selected LME program participants who have already completed the basic four week course and who are moving into key leadership positions in the development of lactation management education programs in their own countries. The fellowship provides a variety of opportunities for in-depth study of the subject matter, for improving clinical skills, for strengthening teaching methods, and for examining issues related to developing lactation centers.

II. GOAL

The goal of the Lactation Management Advanced Study Fellowship is to contribute to the development of leaders for national and regional lactation management education programs in developing countries.

III. GENERAL OBJECTIVES

The fellowship is designed to strengthen the knowledge and skills of selected participants in five areas regarding human milk, lactation, and breastfeeding:

1. scientific fundamentals for the clinical management of successful breastfeeding
2. specific clinical techniques and procedures
3. teaching methods and materials development
4. program management
5. research and/or program evaluation methods

IV. FELLOWSHIP ACTIVITIES

Seven categories of activity will be arranged during the fellowship. These include the following:

1. *LME course participation.* Fellowships are arranged to coincide with a basic course and fellows will attend all seminar sessions. They will be expected to be familiar with the specific suggested readings and to review a minimum of two additional recommended references from the seminar list for each session. Selected sessions will be reviewed with Wellstart faculty assigned to attend that particular session.
2. *Wellstart clinical services.* Fellows will be scheduled to participate in patient care sessions with Wellstart faculty, both in clinic and hospital settings.
3. *Teaching assignments.* Fellows will participate in five types of teaching assignments. Fellows will:
 - a. Provide a presentation to the course participants of the fellow's own current lactation program activity.
 - b. Be the primary presenting speaker for one core topic session. The session will be critiqued by course participants and attending faculty.
 - c. Assist the Wellstart faculty during four group discussion sessions including:
 - case management
 - professional roles and responsibilities
 - twenty questions
 - culture and tradition
 - d. Assist participant teams with:
 - assigned small group clinical self study sessions
 - team program planning
 - materials review and selection
 - e. Participate as a member of the teaching team during the hospital rounds sessions scheduled during the course.
4. *Literature review.* Fellows will be expected to select a specific lactation/breastfeeding topic of particular interest to them and review at least 12 articles related to that topic from the current literature. A brief written review of each article using the Reprint Review form is to be submitted. These will be discussed with the Wellstart Fellowship Advisor.
5. *Development of a project or program plan.* During the fellowship, each fellow is expected to develop a program or special project plan which will be implemented after returning home. The intended program plan should be discussed initially with

the Wellstart Fellowship Advisor and Program Co-Directors and at intervals with the Fellowship Advisor during its preparation. The plan is to be completed and presented to the course participants during the program plan presentation session. A written version is to be submitted to Wellstart.

6. *Field trips.* Arrangements will be made for fellows to visit other agencies or facilities which have programs or activities with relevance to lactation management education. These will include a major human milk banking agency, a community hospital-based lactation support program, a university-based lactation service, and a human milk clinical research institute. Fellows will prepare a brief trip report describing each of these visits using the Fellowship Field Trip Report form.
7. *Special events as available.* Arrangements will be made to allow fellows to participate in meetings or other events which are directly relevant to LME and occur at an appropriate time. For the April-May 1990 fellowship, arrangements will be made for participation in a human milk and breastfeeding special interest group which will be meeting in southern California during the annual meeting of the Ambulatory Pediatric Association/the Society for Pediatric Research and the American Pediatric Society.

V. EVALUATION

Several tools will be used to evaluate the participants in this fellowship:

1. Faculty review.
2. Course participants' critique of the fellows' seminar session(s).
3. A review of the written reports prepared by the fellow of their program or project plan and of their field trip experiences.

VI. SUPERVISION

Fellowship participants will have supervision from all Wellstart full time faculty, but will be specifically and most closely guided by an assigned Fellowship Advisor.

FELLOWSHIP SCHEDULE: July 16 - August 31, 1990

OVERVIEW:

Week I See attached schedule.

Activities of this week will include the following:

1. General orientation to program.
2. Meeting with staff and faculty.
3. Participation in Clinical Staff Meeting, Management Coordinating Committee, Housestaff Rounds, and clinical services.
4. Discussion and selection of topic focus for:
 - a. seminar presentation
 - b. program or project plan
 - c. reference review
5. Instruction in use of ProCite to access Wellstart reference files.
6. Review of Course syllabus.
7. Preparation for field site visits.
8. Review of audio-visual materials.

Week II-V Lactation Management Education Course.

Week VI Field site visits (San Jose Mothers' Milk Bank; Denver Lactation Program; The Maternal and Infant Care Project, Grady Hospital, Atlanta; and Texas Children's Nutrition Research Center, Houston).

Week VII

1. Complete all assignments and prepare for departure.
2. Field site visits to Dr. Jose Fabella Memorial Hospital, Manila, Philippines, and the Philippine General Hospital (PGH) on the way back to Indonesia.

FELLOWSHIP SCHEDULE

July 14 - 20, 1990

WEEK I

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
July 15	July 16	July 17	July 18	July 19	July 20
	9:00 - 10:00 Administrative Orientation J. Schooley/K. Finn 10:00 - 10:30 Welcome by Staff 10:30 - 12:00 General orientation to Fellowship J. Schooley/A. Garza/ R. Wester 12:00 - 1:30 Lunch with	8:30 - 10:30 Discussion of Assignment Topic R. Wester/A. Garza 10:30 - 12:00 Self Study and Clinical Services 12:00 - 1:30 Lunch with	8:30 - 9:30 Clinical Staff Meeting 9:30 - 12:00 Self Study and Clinical Services 12:00 - 1:30 Lunch with	8:30 - 9:00 Staff Meeting 9:30 - 11:00 Self Study and Clinical Services 11:30 - 12:30 Meeting with Audrey 12:30 - 2:00 Lunch with	8:30 - 10:00 Management Coordinating Committee Meeting 10:00 - 12:00 Self Study and Clinical Services 12:00 - 1:30 Lunch with
ARRIVAL DAY	clinical faculty and key staff 1:30 - 3:30 LME Course Orientation J. Schooley	Janine/Ruth 1:30 - 4:00 Self Study and Clinical Services 4:00 - 5:00 ProCite Orientation B. Renford	Álvaro 1:30 - 3:30 Housestaff Rounds with staff 3:30 - 5:00 Self Study and Clinical Services	Audrey and Katy 2:00 - 5:00 Self Study and Clinical Services	Lois/Liz/Vicky 1:30 - 3:30 Self Study and Clinical Services 3:30 - 4:30 Review of Project Progress A. Garza/A. Naylor/ R. Wester

NOTE: Self study time to be used as follows:

1. Review course syllabus for LME course
2. Review literature
3. Plan for seminar presentation(s)

APPENDIX 5

Pre and Post Test Scores Summary

WELLSTART
Lactation Management Education Program
July 23 - August 17, 1990

PRE- AND POST-TEST SUMMARY

Team	Disc	Name	PRE-TEST				POST-TEST				% Improvement Between Pre- & Post-Test
			# Incorrect	# Omitted	# Correct	% Correct	# Incorrect	# Omitted	# Correct	% Correct	
L	Ob	Fakhar-un-Nisa Akhter	3	0	12	80	1	0	14	93	+13%
Q	N	Marina E. Alvarez	7	1	7	46	6	0	9	60	+14%
L	Ped	Rifat Ashraf	4	0	11	73	2	0	13	86	+13%
F	Ped	Parma Oemi Asnil*	8	0	7	46	2	0	13	86	+40%
D	Oth	Juanita Basilio	5	0	10	66	4	0	11	73	+7%
M	Ped	Ignacia E. Cisneros	5	0	10	66	4	1	10	66	0%
Q	Ob	Teresita M. Flavier	6	0	9	60	3	0	12	80	+20%
L	Ped	Fehmida Jalil	6	0	9	60	3	0	12	80	+20%
I	Ob	Samia Janjua	8	0	7	46	3	1	11	73	+27%
Q	Ped	Lourdes Maraviles	8	0	7	46	8	0	7	46	0%
I	Ped	Zafar Iqbal Naeem	9	0	6	40	4	1	10	66	+26%
D	Oth	Nerlina Pangilinan	7	0	8	53	4	0	11	73	+20%
I	N	Zainab Bibi Qazi	11	0	4	26	10	1	4	26	0%
M	Ped	H. Guillermo Regalado R.	8	0	7	46	5	0	10	66	+20%
L	N	Nusrat Siddiqui	9	1	5	33	4	2	9	60	+27%
F	Ped	Enelia Suroto-Hamzah*	4	0	11	73	3	0	12	80	+7%
Group Averages			6.9	.01	8.0	52.9	4.4	0.4	10.2	67.7	+14.8%

*Scores not included in averages.

- F: Wellstart Alumni from Indonesia Participating in Advanced Study Fellowship
D: Department of Health, Manila, the Philippines
I: Federal Government Services Hospital, Islamabad, Pakistan
L: Mayo Hospital/King Edward Medical College, Lahore, Pakistan
M: Mexican Social Security Institute, Mexico City, Mexico
Q: Quirino Memorial Medical Center, the Philippines

- N = Nurse
Ob = Obstetrician
Oth = Other Physician
Ped = Pediatrician or Neonatologist

Comparison of Scores (% Correct) by Team and Discipline

TEAM→ DISCIPLINE↓	Pre-Test						Post-Test						% Improvement Between Pre- and Post-Test					
	D	I	L	M	Q	DISC. AVG.	D	I	L	M	Q	DISC. AVG.	D	I	L	M	Q	DISC. AVG.
N (3)		26.0	33.0		46.0	35.0		26.0	60.0		60.0	48.7		0	27.0		14.0	+13.7
Ped (6)		40.0	66.5 (2)	56.0 (2)	46.0	55.2		66.0	83.0 (2)	66.0 (2)	46.0	68.3		26.0	16.5 (2)	10.0 (2)	0	+13.1
Ob (3)		46.0	80.0		60.0	62.0		73.0	93.0		80.0	82.0		27.0	13.0		20.0	+20.0
Oth (2)	59.5 (2)					59.5	73.0 (2)					73.0	13.5 (2)					+13.5
Total Phys. Average by Team	59.5	43.0	71.0	56.0	53.0		73.0	69.5	83.3	66.0	63.0		13.5	26.5	12.3	10.0	10.0	
Total Team Average	59.5	37.3	61.5	56.0	50.7		73.0	55.0	79.8	66.0	62.0		13.5	17.7	18.3	10.0	11.3	

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APPENDIX 6
Course Evaluation Summary

WELLSTART
Lactation Management Education Program
July 23 - August 17, 1990

SUMMARY OF OVERALL COURSE EVALUATION

SCALES USED FOR OVERALL COURSE EVALUATION RATINGS

1 - Usefulness	5 = very useful 0 = not useful	5 - Ease of Speaking	5 = very easy to speak English 0 = hard to speak English
2 - Ease of Reading	5 = easy to read 0 = hard to read	6 - Hotel Adequacy	5 = very adequate 0 = not adequate
3 - Helpfulness	5 = very helpful 0 = not helpful	7 - Increase in Knowledge	5 = very much 0 = not at all
4 - Understandability	5 = very understandable 0 = not understandable		

A total of fourteen evaluations were completed on the final day of the course with the following breakdown of disciplines indicated: three nurses; six pediatricians or neonatologists; three obstetricians; and two other physicians.

CLINICAL EXPERIENCES		<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician Avg</u>	<u>Tot</u>	<u>Group Avg</u>	<u>Tot</u>
1. Program Planning Workshops									
Usefulness ¹		5.0	3.8	5.0	5.0	4.4		4.5	
# of Sessions	-not enough	1	4	1	1		6		7
	-just right	1	2	1	1		4		5
	-too many			1			1		1
	-not answered	1							1
2. Hospital Rounds									
Usefulness ¹		5.0	4.6	3.3	5.0	4.3		4.5	
# of Sessions	-not enough		4		1		5		5
	-just right	3	2	2	1		5		8
	-too many			1			1		1
	-not answered								
# of Patients	-not enough		4	1	1		6		6
	-just right	3			1		1		4
	-too many								
	-not answered	1	2	2			4		5

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	<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician Avg Tot</u>	<u>Group Avg Tot</u>
3. Oral-Motor Assessment Rounds						
Usefulness ¹	4.7	4.8	4.3	5.0	4.7	4.7
# of Sessions						
-not enough		4		1	5	5
-just right	3	2	2	1	5	8
-too many			1		1	1
-not answered						
# of Patients						
-not enough		4		1	5	5
-just right	2	2		1	3	5
-too many	1					1
-not answered		1	2		3	3
4. Lactation Clinic						
Usefulness ¹	5.0	4.8	3.5	5.0	4.6	4.7
# of Sessions						
-not enough		3		1	4	4
-just right	3	3	1	1	5	8
-too many			1		1	1
-not answered			1			1
# of Patients						
-not enough		3	1	1	5	5
-just right	3	2		1	3	6
-too many						
-not answered		1	2		3	3
5. Nutrition Counseling						
Usefulness ¹	5.0	5.0	4.7	5.0	4.9	4.9
# of Sessions						
-not enough		2		1	3	3
-just right	2	4	3	1	8	10
-too many						
-not answered	1					1
# of Patients						
-not enough		1		1	2	2
-just right	2	3	1	1	5	7
-too many						
-not answered	1	2	2		4	5
6. Breast Examination Review						
Usefulness ¹	5.0	4.8	4.7	5.0	4.8	4.6
AUDIO-VISUAL REVIEWS						
7. Video Tape Reviews						
Usefulness ¹	5.0	4.8	3.7	5.0	4.5	4.6

	<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician Avg Tot</u>	<u>Group Avg Tot</u>
8. Slide/Tape Set Reviews						
Usefulness ¹	4.7	4.7	4.0	5.0	4.5	4.6

FIELD TRIPS

9. Tijuana Children's Hospital (ISSSTECALI)						
Usefulness ¹	4.3	4.8	4.0	4.5	4.5	4.5
10. San Diego Wild Animal Park						
Usefulness ¹	5.0	5.0	4.3	5.0	4.8	4.8

VIDEO TAPES SHOWN DURING COURSE

11. "Amazing Newborn"						
Usefulness ¹	4.6	4.7	4.0	5.0	4.5	4.6
12. "Breasts and Axillae"						
Usefulness ¹	4.6	4.8	4.0	5.0	4.6	4.6
13. "Feeding Low Birth-Weight Babies"						
Usefulness ¹	4.6	4.6	4.3	5.0	4.6	4.6
14. "Mother Kangaroo -- A Light of Hope"						
Usefulness ¹	5.0	4.2	4.7	5.0	4.5	4.6

READING ASSIGNMENTS

15. Lawrence, Breastfeeding: A Guide for the Medical Profession (physicians only)

Did Not Read

Length	-too long	1	1		2	2
	-just right	3	1	2	6	6
	-too short	1			1	1
	-not answered	1	1		2	2
Ease of Reading ²		4.8	5.0	4.0	4.6	4.6
Usefulness ¹		5.0	4.0	5.0	4.9	4.9
Use in Future?	-yes	6	2	1	9	9
	-no					
	-not answered		1	1	2	2

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		<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician Avg Tot</u>	<u>Group Avg Tot</u>
16. Helsing, Breastfeeding in Practice: A Manual for Health Workers (non-physicians only)							
Did Not Read							
Length	-too long	1					1
	-just right	2					2
	-too short						
	-not answered						
Ease of Reading ²	4.3					4.3	
Usefulness ¹	5.0					5.0	
Use in Future?	-yes	3					3
	-no						
	-not answered						
17. APHA, Information Packet: Growth Monitoring							
Did Not Read							
		1	1	3	1	5	6
Length	-too long	1	1			1	2
	-just right		3			3	3
	-too short						
	-not answered	1	1		1	2	3
Ease of Reading ²	4.5	4.6		5.0	4.7	4.6	
Usefulness ¹	4.5	5.0		5.0	5.0	4.8	
Use in Future?	-yes	1	5			5	6
	-no						
	-not answered	1			1	1	2
18. APHA, Legislation and Policies to Support Maternal and Child Nutrition, Report No. 6							
Did Not Read							
		2	2	2	1	5	7
Length	-too long	1	1			1	2
	-just right		2	1	1	4	4
	-too short						
	-not answered		1			1	1
Ease of Reading ²	5.0	4.5	--	5.0	4.6	4.7	
Usefulness ¹	5.0	4.8	--	5.0	4.8	4.8	
Use in Future?	-yes	1	4	1	1	6	7
	-no						
	-not answered						

	<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician Avg Tot</u>	<u>Group Avg Tot</u>
19. Baer and Winikoff, Studies in Family Planning						
Did Not Read	1	5	1	1	7	8
Length						
-too long		1			1	1
-just right	2		1	1	2	4
-too short						
-not answered			1		1	1
Ease of Reading ²	4.0	5.0	4.0	5.0	4.5	4.3
Usefulness ¹	4.5	5.0	4.0	5.0	4.7	4.6
Use in Future?						
-yes	2	1	1		2	4
-no				1	1	1
-not answered			1		1	1
20. Huffman and Combest, Breastfeeding: A Prevention and Treatment Necessity for Diarrhea						
Did Not Read	1	2	3	2	7	8
Length						
-too long	1	1			1	2
-just right	1	3			3	4
-too short						
-not answered						
Ease of Reading ²	4.0	4.5			4.5	4.3
Usefulness ¹	4.0	4.5			4.5	4.3
Use in Future?						
-yes	2	4			4	6
-no						
-not answered						
21. IISNFP, Guidelines for Breastfeeding in Family Planning and Child Survival Programs						
Did Not Read	1		1	1	2	3
Length						
-too long						
-just right	2	6	1	1	8	10
-too short			1		1	1
-not answered						
Ease of Reading ²	4.0	4.7	5.0	5.0	4.8	4.6
Usefulness ¹	4.0	4.5	5.0	5.0	4.6	4.5
Use in Future?						
-yes	2	6	1	1	8	10
-no						
-not answered			1		1	1

	<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician Avg Tot</u>	<u>Group Avg Tot</u>
22. IRD/Westinghouse, Child Survival: Risks and the Road to Health						
Did Not Read	2	1	1	1	3	5
Length		1			1	1
-too long		1			1	1
-just right	1	4	1	1	6	7
-too short						
-not answered			1		1	1
Ease of Reading ²	3.0	4.4	5.0	5.0	4.6	4.4
Usefulness ¹	3.0	4.4	5.0	5.0	4.6	4.4
Use in Future?		5	1	1	7	7
-yes		5	1	1	7	7
-no						
-not answered	1		1		1	2
23. IOCU, Protecting Infant Health (Guide to the WHO Code)						
Did Not Read	1		1	1	2	3
Length						
-too long						
-just right	1	6		1	7	8
-too short						
-not answered	1		2		2	3
Ease of Reading ²	4.5	4.7	4.5	5.0	4.7	4.6
Usefulness ¹	4.5	4.8	--	5.0	4.9	4.8
Use in Future?	2	5	1	1	7	9
-yes	2	5	1	1	7	9
-no						
-not answered		1	1		2	2
24. IPPF, Breastfeeding, Fertility, and Contraception						
Did Not Read	2	3		1	4	6
Length						
-too long						
-just right	1	3	2	1	6	7
-too short						
-not answered			1		1	1
Ease of Reading ²	4.0	4.3	5.0	5.0	4.7	4.6
Usefulness ¹	4.0	4.3	5.0	5.0	4.7	4.6
Use in Future?	1	3	1	1	5	6
-yes	1	3	1	1	5	6
-no						
-not answered			2		2	2

	<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician Avg</u>	<u>Tot</u>	<u>Group Avg</u>	<u>Tot</u>
25. Jones, Good Nutrition for Your Baby								
Did Not Read	1	1				1		2
Length								
-too long		1				1		1
-just right	2	4	2	2		8		10
-too short								
-not answered			1			1		1
Ease of Reading ²	4.0	4.4	5.0	4.5	4.6		4.5	
Usefulness ¹	4.5	4.4	5.0	4.5	4.6		4.5	
Use in Future?								
-yes	1	5	1	2		8		9
-no								
-not answered	1		2			2		3
26. NCI, What you Need to Know About Breast Cancer								
Did Not Read	2	3	1	1		5		7
Length								
-too long		1				1		1
-just right	1	2		1		3		4
-too short			1			1		1
-not answered			1			1		1
Ease of Reading ²	4.0	4.0	5.0	5.0	4.5		4.4	
Usefulness ¹	4.0	4.0	5.0	5.0	4.4		4.3	
Use in Future?								
-yes	1	3	1	1		5		6
-no								
-not answered			1			1		1
27. The Population Council, Breastfeeding, A Nurse's Guide								
Did Not Read	2	5	3	1		9		11
Length								
-too long								
-just right	1	1		1		2		3
-too short								
-not answered								
Ease of Reading ²	4.0	5.0		5.0	5.0		4.7	
Usefulness ¹	4.0	5.0		5.0	5.0		4.7	
Use in Future?								
-yes	1	1				1		2
-no								
-not answered				1		1		1

	<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician Avg Tot</u>	<u>Group Avg Tot</u>
28. Royal College of Midwives, Successful Breastfeeding -- A Practical Guide for Midwives						
Did Not Read	1	4	2		6	7
Length						
-too long				2		
-just right	1	2			4	5
-too short	1		1		1	2
-not answered						
Ease of Reading ²	4.0	5.0	4.0	5.0	4.8	4.7
Usefulness ¹	4.0	5.0	4.0	5.0	4.8	4.7
Use in Future?						
-yes	1	2	1	2	5	6
-no						
-not answered	1					1
29. UNICEF, All for Health						
Did Not Read	1	2	3	1	6	7
Length						
-too long						
-just right	1	3		1	4	5
-too short	1					1
-not answered		1			1	1
Ease of Reading ²	4.5	4.3		5.0	4.4	4.4
Usefulness ¹	4.5	4.3		5.0	4.4	4.4
Use in Future?						
-yes	2	4		1	6	8
-no						
-not answered						
30. UNICEF, Facts for Life						
Did Not Read	3		1	1	2	5
Length						
-too long						
-just right		4	1	1	6	6
-too short			1		1	1
-not answered		2			2	2
Ease of Reading ²	3.0	4.5	4.5	5.0	4.6	4.4
Usefulness ¹	3.0	4.5	5.0	5.0	4.6	4.4
Use in Future?						
-yes	1	6		1	7	8
-no						
-not answered			2		2	2

	<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician Avg Tot</u>	<u>Group Avg Tot</u>
31. UNICEF, The State of the World's Children						
Did Not Read	1	1	2	1	4	5
Length						
-too long		1			1	1
-just right	1	4		1	5	6
-too short	1					1
-not answered			1		1	1
Ease of Reading ²	4.0	4.8	5.0	5.0	4.7	4.9
Usefulness ¹	4.0	4.8	--	5.0	4.6	4.8
Use in Future?						
-yes	2	4	1		5	7
-no						
-not answered		1		1	2	2
32. USDHHS, Report of the Surgeon General's Workshop on Breastfeeding and Human Lactation						
Did Not Read	2	3	1	1	5	7
Length						
-too long		1			1	1
-just right	1	2	1	1	4	5
-too short						
-not answered			1		1	1
Ease of Reading ²	4.0	4.3	4.5	5.0	4.5	4.4
Usefulness ¹	4.0	4.3	5.0	5.0	4.6	4.5
Use in Future?						
-yes	1	3	2	1	6	7
-no						
-not answered						
33. Winikoff, Semaro, and Zimmerman, Contraception During Breastfeeding						
Did Not Read	1	3	2	1	6	7
Length						
-too long		1			1	1
-just right	2	1		1	2	4
-too short						
-not answered		1	1		2	2
Ease of Reading ²	4.5	4.3	4.0	5.0	4.4	4.4
Usefulness ¹	4.5	4.3	4.0	5.0	4.6	4.6
Use in Future?						
-yes	2	3	1	1	5	7
-no						
-not answered						

		<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician Avg Tot</u>	<u>Group Avg Tot</u>
34. WHO, International Code of Marketing of Breastmilk Substitutes							
Did Not Read		2	1	1		2	4
Length	-too long						
	-just right	1	5	1	2	8	9
	-too short						
	-not answered			1		1	1
Ease of Reading ²		5.0	4.4	4.5	5.0	4.6	4.6
Usefulness ¹		5.0	4.8	4.5	5.0	4.8	4.8
Use in Future?	-yes	1	5	2	2		
	-no					9	10
	-not answered						
35. WHO/UNICEF, Protecting, Promoting, and Supporting Breastfeeding: The Special Role of Maternity Services							
Did Not Read		2		1		1	3
Length	-too long		1			1	1
	-just right	1	4	2	2	8	9
	-too short						
	-not answered		1			1	1
Ease of Reading ²		5.0	4.7	4.5	5.0	4.4	4.3
Usefulness ¹		5.0	4.7	5.0	5.0	4.8	4.4
Use in Future?	-yes	1	6	2	2		
	-no					10	11
	-not answered						
36. WHO, The Growth Chart							
Did Not Read		3		2		2	5
Length	-too long						
	-just right		4		1	5	5
	-too short						
	-not answered		2	1	1	4	4
Ease of Reading ²		4.5	--	5.0		4.6	4.6
Usefulness ¹		4.7	5.0	5.0		4.8	4.8
Use in Future?	-yes		6	1	2		
	-no					9	9
	-not answered						

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	<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician Avg Tot</u>	<u>Group Avg Tot</u>
37. WHO, Weaning from Breast Milk to Family Food. A Guide for Health and Community Workers						
Did Not Read	2	2	3	1	6	8
Length						
-too long		1			1	1
-just right	1	3		1	4	5
-too short						
-not answered						
Ease of Reading ²	4.0	4.8		5.0	4.8	4.7
Usefulness ¹	4.0	4.8		5.0	4.8	4.7
Use in Future?						
-yes	1	4		1	5	6
-no						
-not answered						
38. Worthington-Roberts and Williams, Nutrition in Pregnancy and Lactation						
Did Not Read	2	4	1	2	7	9
Length						
-too long						
-just right	1	2	1		3	4
-too short						
-not answered			1		1	1
Ease of Reading ²	4.0	4.0	4.5		4.3	4.2
Usefulness ¹	4.0	4.5	4.5		4.5	4.4
Use in Future?						
-yes	1	2	2		4	5
-no						
-not answered						
39. Team Reprint Collection						
Did Not Read	1	2	1		3	4
Length						
-too long			1	1	2	2
-just right	2	4		1	5	7
-too short						
-not answered			1		1	1
Ease of Reading ²	4.0	4.5	--	4.0	4.3	4.3
Usefulness ¹	4.0	4.8	5.0	4.5	4.7	4.6
Use in Future?						
-yes	1	4	1	2	7	8
-no						
-not answered	1		1		1	2

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	<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician Avg Tot</u>	<u>Group Avg Tot</u>
MISCELLANEOUS IMPORTANT MATTERS						
40. Syllabus						
Ease of Reading ²	4.0	4.8	4.7	5.0	4.8	4.7
Usefulness ¹	5.0	4.8	4.7	5.0	4.8	4.8
41. The English Language						
Understandability ⁴	4.0	4.8	5.0	5.0	4.9	4.8
Ease of Reading ²	4.5	5.0	5.0	5.0	5.0	4.9
Ease of Speaking ⁵	4.5	4.8	4.7	5.0	4.8	4.8
42. Hotel Accommodations						
Adequacy ⁶	5.0	5.0	5.0	5.0	5.0	5.0
Use in Future? -yes	2	6	3	2	11	13
-no						
-not answered	1					1
43. Local Transportation						
Buses -adequate	2	4	1	2	7	9
-not adequate		1	1		2	2
-not answered	1	1	1		2	3
Taxis -adequate		3			3	3
-not adequate			2		2	2
-not answered	3	3	1	2	6	9
Hotel Van -adequate	2	6	3	2	11	13
-not adequate						
-not answered	1					1
OVERALL EVALUATION						
44. Usefulness of providing this program to multidisciplinary teams ¹						
	5.0	5.0	5.0	5.0	5.0	5.0
45. Increase in Knowledge ⁷						
	5.0	5.0	4.3	5.0	4.8	4.9
46. Recommendation for this program to be provided for other health professionals from developing nations						
-yes	3	6	3	2	11	14
-no						
-not answered						

	<u>Nurse</u>	<u>Ped</u>	<u>Ob</u>	<u>Oth Phys</u>	<u>Physician</u>		<u>Group</u>	
					<u>Avg</u>	<u>Tot</u>	<u>Avg</u>	<u>Tot</u>
47. I would rate this education program as:								
-Excellent	2	5	1	2	8		10	
-Very Good	1	1	2		3		4	
-Good								
-Fair								
-Poor								
-No Answer								

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APPENDIX 7

Team Program Plans

PROPOSED PROJECT PLAN FOR
BREASTFEEDING PROMOTION IN
KING EDWARD MEDICAL COLLEGE AND ALLIED HOSPITALS
LAHORE, PAKISTAN

FEHMIDA JALIL
FAKHAR-UN-NISA
RIFAT NISAR ASHRAF
NUSRAT SIDDIQUI

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6. Staffing and Budget
7. Operational Model
8. Time Frame
9. Evaluation

LIST OF ABBREVIATIONS

K.E.M.C.	King Edward Medical College	O.R.T.	Oral rehydration
L.W.H.	Lady Wallingdon Hospital	C.O.D.	Control of diarrheal diseases
I.M.R.	Infant mortality rate	B.F.	Breastfeeding
L.B.W.	Low birth weight	K.A.P	Knowledge, attitude and practices
L.B.	Live births	L.H.V.	Lady Health Visitor (Public Health Nurse)
E.P.I.	Expanded Programme of Immunization	P.O.L.	Daily maintenance of vehicles
A.R.I.	Acute respiratory tract infections		

1.0 Background

- 1.1 King Edward Medical College, Lahore, and a number of allied hospitals are the teaching and training grounds for medical undergraduates, post-graduates and nurses in a number of disciplines. These hospitals cater to a vast majority of the city population (4.5 million), neighboring districts as well as cases requiring specialized care referred from all over the country. The total bed strength of these hospitals is 2600 with 250 beds for four units of Ob/Gyn and 350 beds with the three departments of pediatrics, namely Clinical Pediatrics, Social and Preventive Pediatrics, and Pediatric Surgery. The departments of Ob/Gyn and Pediatrics are at considerable driving distance from one another as these departments are in different hospitals. All Pediatric units are in the Mayo Hospital while Lady Wallingdon Hospital has obstetrics, gynecology and a nursery for sick newborns.
- 1.2 The major health problems are:
 - 1.2.1 Pediatric age group
 - IMR 108 / 1000 L.B.
 - LBW 27%
 - High prevalence of diarrheas and ARI
 - Diarrhea 4-7 episodes/child 1 year
 - ARI (L.R.T.I.) 0.3 episodes/child 1 year
 - ARI (U.R.T.I.) 5-7 episodes/child 1 year
 - Prevalence of other communicable diseases
 - Breastfeeding incidence:
 - 90% at birth
 - 71% at 6 months
 - 50% at 12 months
 - 4% exclusive breastfeeding at one month and none later on
 - 1.2.2 Women of reproductive age group:
 - MMR 4-6 / 100 L.B.
 - Low Wt/Ht 50%
 - Nutritional anemia 90%
- 1.3 Teaching and training in Clinical Pediatrics is limited to a few hours in the 5 years training period of medical students. The opportunity of training in breastfeeding and lactation is hence further limited.
- 1.4 Perinatal care to mothers is provided by Ob/Gyn departments. Such a care for the newborn is in need of better organization and support. Services provided for babies at present include vaccination of mothers to prevent neonatal tetanus, BCG and OPV vaccinations at birth by

the Department of Social and Preventive Pediatrics. The Department of Clinical Pediatrics provides tertiary care at a level III nursery in L.W.F.. and another one at Mayo Hospital.

1.5 Breastfeeding promotion and maternal education activities are currently carried out at two levels:

1.5.1 Government's Child Survival Programme is running a course in Diarrheal Diseases with very limited training about breastfeeding, and another series of courses in "Infant and Maternal Nutrition" with a talk (one hour) about breastfeeding. These two courses are part of continued education for in-service doctors. There is no such program for nurses. The doctors working in Ob/Gyn have a very limited exposure to courses in breastfeeding and infant nutrition, as these courses are mainly for doctors working in Pediatrics.

1.5.2 Through the activities of two NGOs (both of these are voluntary non-profit organizations):

1.5.2.1 "Child Health Society", for Education of TBAs and mothers in the community

1.5.2.2 "MAMTA", for breastfeeding promotion activities in all the teaching hospitals and for some non-teaching hospitals in Lahore.

1.6 Research Activities at the Department of Social and Preventive Pediatrics

A study on a cohort 1500 newborns in breastfeeding and diarrheal diseases is underway at the Department of Social and Preventive Pediatrics. Besides this epidemiological study, the following substudies are ongoing in relations to breastfeeding. These studies will make part of the theses of seven post-graduate students

1.6.1 Can breastfeeding protect newborns from sepsis?

1.6.2 Is additional water necessary in breastfed babies in a hot climate?

1.6.3 Sociopsychological and demographic factors in relation to breastfeeding

1.6.4 Maternal traits and lactation behavior

1.6.5 Immunological response to OPV in breastfed and formula-fed babies

1.6.6 Breastfeeding education and motivation during ante-natal period in the community and its impact on:

1.6.6.1 Increase in the incidence of exclusive breastfeeding and prelacteal feeding

1.6.6.2 Growth

1.6.6.3 Diarrheal diseases

1.6.7 Lactational amenorrhea, its duration in women living in urban slums of Lahore

1.6.8 Collaborative study for collection of baseline data from various teaching hospitals in the city of Lahore, and impact on breastfeeding promotion activities after two years with a follow-up. The outcome variables will be rate of change in:

1.6.8.1 Prelacteal feeding

1.6.8.2 Exclusive breastfeeding

1.6.8.3 Continued breastfeeding for two years or more

2.0 Organizational Problems

The pediatric complex and Ob/Gyn units are located in two different hospitals. The distance between the two hospitals is a few kilometers, but it takes 45 min or more to commute from one hospital to the other because of traffic problems. These departments now wish to collaborate by networking a follow-up of babies delivered in-hospital to ensure better feeding practices. The problems already identified are:

- 2.1 In L.W.H. 80% of mothers with normal delivery are breastfeeding at the time of discharge. Formula feeding is not encouraged. However, fluid/food are given before colostrum to a vast majority of newborns.
- 2.2 Overcrowding in wards with no privacy for initiation of successful breastfeeding.
- 2.3 Early discharge of mother/child from hospital with difficulties to follow-up.
- 2.4 Lack of ante-natal, natal and post-natal support for breastfeeding activities.
- 2.5 Lack of lactation clinic to manage lactation related problems.
- 2.6 Nonexistent support personnel.
- 2.7 Lack of coordination between obstetricians and preventive pediatricians because of distance between the two hospitals.
- 2.8 Administrative hurdles

3.0 Goals and Objectives

3.1 Goals

- 3.1.1 To focus on changing knowledge and attitude of policy makers and health professionals so as to bring about a change in hospital policies and practices related to breastfeeding.
- 3.1.2 Collect pre and post project data on KAP of health professionals working in the hospital.
- 3.1.3 Provide clinical assistance to breastfeeding and lactating by mothers by organizing lactation clinics.

- 3.1.4 Promote breastfeeding as a major component of child survival activities in well-baby clinics.
- 3.1.5 Conduct research in relevant areas of breastfeeding.

3.2 Objectives

- 3.2.1 Provide knowledge to policy makers and administrators before starting the project.
- 3.2.2 Provide knowledge to a group of 7 professors from Departments of Pediatrics and Ob/Gyn, make hospital committees within one month and make these functional within three months.
- 3.2.3 Provide training to a group of 30 associate assistant professors, senior registrars, ward sister within a year in breastfeeding and lactation management, who will assist the Project Coordinator in teaching the junior doctors and in changing breastfeeding practices.
- 3.2.4 Provide training to 120 doctors and 120 nurses working in the departments of Ob/Gyn, Pediatrics, Social & Preventive Pediatrics and Pediatric Surgery within two years.
- 3.2.5 Ensure implementation of hospital policies in L.W.H. and in Mayo Hospital.
- 3.2.6 In L.W.H.:
 - 3.2.6.1 Initiation of breastfeeding within half an hour after birth in 90% of the normal deliveries within a year.
 - 3.2.6.2 Reduce the admission rate to level III nursery by 10% within two years.
 - 3.2.6.3 Ensure initiation breastfeeding within half an hour, exclusively breastfeeding for 4-6 months and to continue breastfeeding for two years in 25% of the elite group delivered in hospital through follow-up.

3.2.7 In Mayo Hospital:

All mothers delivered in L.W.H. both of low and high SES will be referred after their post-natal checkup at 6 weeks; it is presumed that a follow up system will be established, and a certain percentage of mothers will bring their babies for follow-up in the well baby clinics at the Department of Social and Preventive Pediatrics where breastfeeding will be promoted as a major component of child survival activities to:

- 3.2.7.1 Increase the number of exclusively breastfeeding mothers for 4-6 months from 4% to 20% within two years.
- 3.2.7.2 Ensure that the number of mothers who continue breastfeeding until 2 years or more, and also give age appropriate adequate supplements at 4-6 months, increases by 25% from the benchmark data within a period of two years.

4.0 Strategies

4.1 The project will proceed by providing information to policy makers and getting their support. The next step will be to create a group of pediatricians, obstetricians and nurses for training of the health professionals working at LWH and Mayo Hospital's Children complex. It is envisaged that in a period of 9-12 months, the health professionals working in these hospitals will be sufficiently trained to support and promote breastfeeding and lactation management activities in the two hospitals. Questionnaires will be developed to collect data on:

4.1.1 KAP of medical professionals

4.1.2 Develop data sheets to records progress of events for each mother/child. This will include data about breastfeeding practices, diarrheal disease and growth as well as examination of breast. New births registered within one year will be followed till the last grown is 2 years old.

4.1.3. The pediatricians, obstetrician and nursing tutor trained at Wellstart will act as master trainers.

EDUCATION, TRAINING AND MOTIVATION OF VARIOUS GROUPS TO PROMOTE BREASTFEEDING

WHO	WHAT	HOW	TRAINING TIME
1. Policy makers	Economic advantages Child survival	Colloquium Group discussion	2 hour session
2. Hospital administrators Chiefs Ob/Gyn and Pediatrics	Economic advantages, better service and less work load in maternity units. Less pressure on hospital beds.	Workshop	1-2 days
3. Health professionals: - Pediatricians - Obstetricians - Nursing staff	Update in knowledge about: - biochemical advantages - nutritional advantages - immunological advantages - health and sociopsychological advantages, bonding, etc. - contraceptive advantages - current concepts and anthropological aspects - hands on training	2-3 courses The first course will be for the Senior doctors of Ob/Gyn.	3 days

WHO	WHAT	HOW	TRAINING TIME
4. Medical officers/ registrars, interns and nurses	All of the above	<ul style="list-style-type: none"> - Hands on training in breastfeeding techniques. Management of lactation problems. - Two hours twice a week discussion on relevant topics listed for training of health professionals 	4 weeks by rotation
5. Mothers and families at: ante-natal, natal, post-natal and well baby clinics	<ul style="list-style-type: none"> - Health advantages of colostrum and breast milk feeding - Economic advantages/ household budget - Less worries and anxieties - Reduction in visit to doctors and hospitalization 	<ul style="list-style-type: none"> - Use of audio-visual aids and group discussions - Group discussions 	
6. Medical undergraduates and student nurses	Same as for Group 3	<ul style="list-style-type: none"> - Lectures - Seminars - Demonstrations - Hands on training 	Time is to be negotiated with college and hospital authorities and curriculum committees

5.0 Organizational Plan

Teaching, training and service will be a coordinated effort of pediatricians, obstetricians and nursing staff. The distribution of the responsibilities will be as follows:

Department of Social and Preventive Pediatrics	Department of Obstetrics	Nurses from Related Departments
<u>Ante-natal:</u> <ul style="list-style-type: none"> - Breastfeeding motivation, talking to mothers and families - Nutrition advice to mothers - Vaccination of mother - Advice on child spacing - Breast examination 	<ul style="list-style-type: none"> - Fetal monitoring, screening for physical problems and high risk pregnancies - Advising the mother about diet, clothing and exercise - Supporting breastfeeding 	<ul style="list-style-type: none"> - Previous obstetric history and breastfeeding problems, if any - Weight and height measurement of mother - Demonstration/discussion about nutrition - Breastfeeding motivation using visual aid - Vaccinating the mothers with TT.

Department of Social and Preventive Pediatrics

Department of Obstetrics

Nurses from Related Departments

Natal:

- Complete physical examination of all newborns, recording weight, height and head circumference
- Initiation of breastfeeding and support to mothers
- Examination of breast
- Nutrition counselling
- Child spacing advice
- Vaccination of babies
- Referral to level II and III nurseries where indicated

- Initiation of breastfeeding within half an hour of all vaginal deliveries, and within a few hours in C-section i.e. after recovery from anesthesia
- Encourage prelacteal feeding in labor suite
- Rooming in to promote bonding and breastfeeding
- Positive discouragement of formula feeding
- Not accepting gifts or free formula or prescription pads from formula companies
- Providing continuous support to mothers during immediate postpartum period
- Give app't for next postnatal visit

- Record Apgar score
- Help mother in proper comfortable position for lactation
- Ensuring proper latching
- Recording weight, height, head circumference of baby
- Advising the mother about cleanliness
- Provide information about colostrum

Early post-natal Birth - 6 weeks 1st visit 7th day, 2nd visit 40th day

- Assessing oral-motor coordination
- Continuous support to mother about breastfeeding
- Management of problems related to breastfeeding
- Vaccination
- Growth monitoring and promotion
- Screening for congenital defects
- Breast examination

- Promote and ensure breastfeeding by strict implementation of hospital breastfeeding policy
- Encourage and support mothers for continuous breastfeeding
- Teach the mothers proper techniques of breastfeeding
- Discourage use of bottle and formula in the ward
- Advise about post-natal checkup
- Advise on nutrition
- Physical examination of mothers including pelvic and breast examination
- Weight and blood pressure of mother
- Advice on birth spacing. Ensuring participation of mother in C.S.P. at the Dep't of Social & Preventive Pediatrics

- Ensure continuous breastfeeding
- Proper positioning of baby and mother
- Assessment of oral-motor coordination
- Weight and other measurements of mother and baby
- Vaccinate the baby
- Manage breast engorgement
- Encourage post-natal checkup at 6 weeks

Postnatal (7,6 weeks) - After six weeks, mothers will bring the infants to the Department of Social & Preventive Pediatrics

- Supporting breastfeeding
- Weaning at 4-6 months
- Growth monitoring and promotion
- Vaccination according to country programme
- ORT
- Screening for handicaps
- Early diagnosis of diseases and nutritional deficiencies and their management
- Nutrition and child spacing advice to mothers

- Active participation in the execution of all child survival activities including breastfeeding

6.0 Staffing and Budget

<u>PERSONNEL</u>	<u>RESPONSIBILITIES</u>	<u>HONORARIUM</u>
- Coordinator - Prof F. Jalil	- Supervision of work on page____ - Organization and supervision of lactation clinics - Six monthly report about the programme activities - Final report after evaluation of two years work	R 1000/month X 3 = 30000
- Co-coordinators: Prof Fakhar-un-Nisa	- Implementation of the programme policies during perinatal period particularly, and during antenatal and post-natal visits of mother as given on page____ - Collaborate in period and final report writing	R 1000/month X 30 = 30000
- Dr. Rifat Nisar Ashraf	- Collaborate with coordinator in the smooth running of the programme	R 1000/month X 30 = 30000
- Miss Nusrat-Siddiqui	- Teaching and training of nurses in the Obstetric and Pediatric units - Supervision of work on page____	R 1000/month X 30 = 30000
Doctor 2	- Take daily round of lying in ward. Examine all newborn babies, discuss about lactating and breastfeeding with mother, give nutrition advice where indicated - Train and teach interns and nursing staff, hands on training and once a week group discussion The second doctor will have the following jobs to do: - Ante-natal, natal and post-natal breast examination - Supervise an ante-natal and post-natal clinic, work with nurse/LHV in breastfeeding motivation; lactation management program besides the routine of a well baby clinic already described on page____	5000 X 24 X 2 = 240000
- LHV/CCW	- Breast examination, motivation for breastfeeding, nutrition education to pregnant and lactating mothers, growth monitoring and promotion, immunization, child spacing; advice, record keeping	2500 X 24 X 5 = 300,000
- Driver	- To drive the vehicle	1500 X 24 = 36,000

4/1

EQUIPMENT

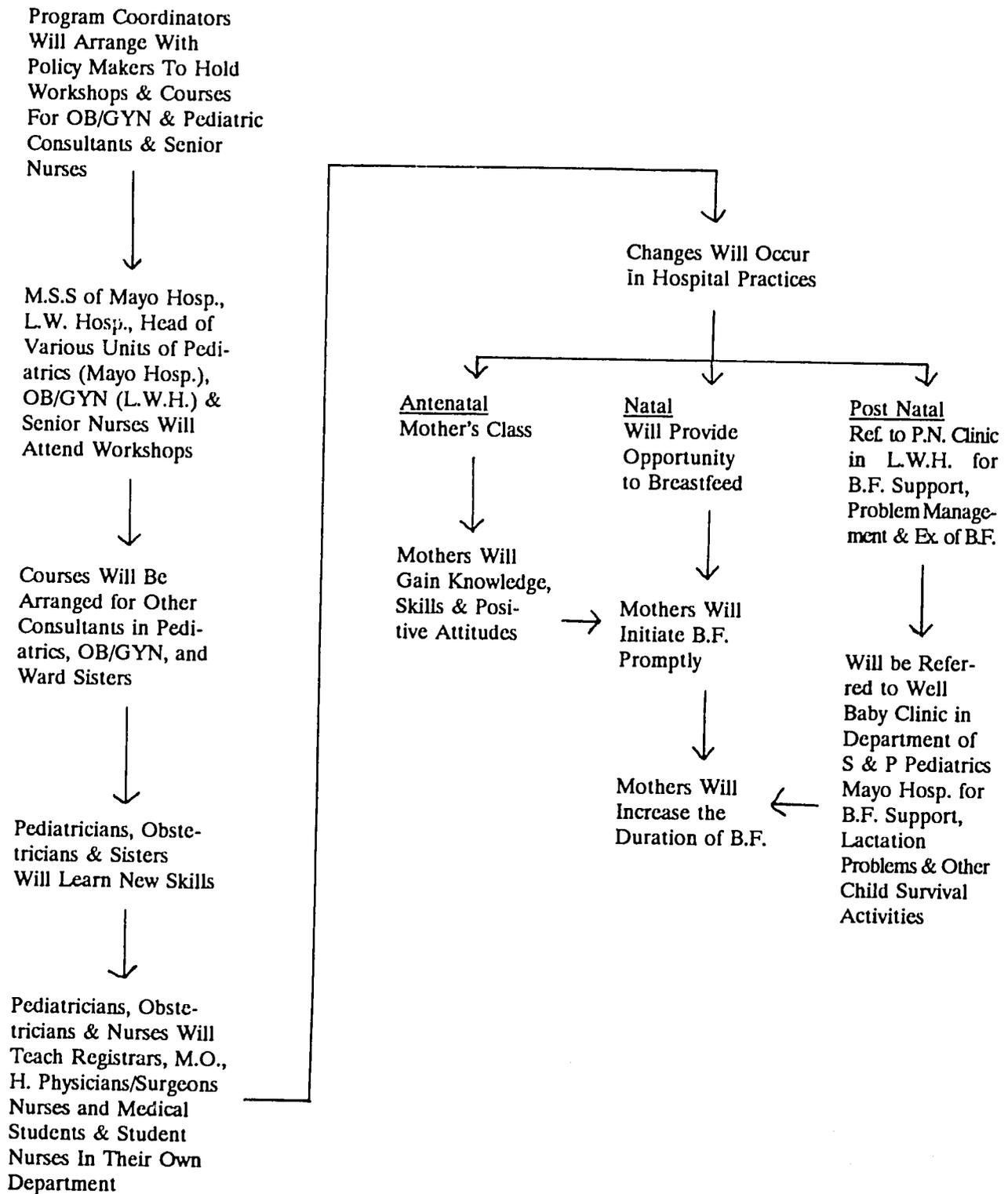
Item	No	Cost
- Infant weighing machines	3	2400 X 3 = 7200
- Height meter	3	2400 X 3 = 7200
- Breastmilk pump		
manual	5	= 1500
electric	1	= 22000
- Diagnostic set	2	= 22000
- Nipple shield ?		= 2200
- Food models ?		= 9200
- Dolls	4	= ?
- Teaching aides		= 2200
journals		= 300,000
audiovisual material		= 140,000
- computer	2	= 14000
- printer	2	
- slide projector	2	
- overhead	2	= 60000
- TV/VCR	2 sets	

BUDGET FOR TRAINING

- Cost of educational material including printed material, audiovisual material used by speakers, stationery, etc (one day workshop)	3 courses X 3 = 90,000
- Health professional, same as above (three day workshop)	= included
- Developing educational material for mothers and families	= 14000
- Maintenance cost of computers and other equipment	2 X 2 X 8000/yr = 26000
- Transport to commute between two hospitals (one vehicle)	2 X 12 X 1000 = 24000
- POL	= 30,000
- Overhead charges	

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7.0 Proposed Operational Model for Breastfeeding Promotion in K.E.M.C. (Department of S&P Pediatrics Mayo Hospital and Departments of OB/GYN Lady Wellington Hospital).



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8.0 Time Frame

1. Motivation in formation to policy makers _____ one month
2. Training _____ 12 months
3. Services and implementation of policy makers _____ 2 yr
4. Data bench _____ 2 yr
 - Evaluation ----- 6 mos
 - Report Writing ----- 6 mos

9.0 Evaluation Objectives

- 9.1 The overall object of programme evaluation in the context of child survival may be difficult to determine but the following is possible:
 - 9.1.1 To determine the proportion of health professionals in whom the knowledge, attitude and practices with respect to breastfeeding have changed.
 - 9.1.2 Proportion of newborns receiving prelacteal feeding
 - 9.1.3 Proportion of infants exclusively breastfed for 4-6 months
 - 9.1.4 Proportion of change in breastfeeding practices in the elite group
- 9.2 Further research questions:
 - 9.2.1 Change in the use of oxytocin
 - 9.2.2 Weight gain during pregnancy and impact on lactation

**PROGRAM PLAN FOR LACTATION MANAGEMENT AT
FEDERAL GOVERNMENT SERVICES HOSPITAL
ISLAMABAD, PAKISTAN**

Dr. Samia Janjua, F.R.C.O.G., Head of the Dept. of OB/Gyn
Dr. Zafar Iqbal Naem, Head of the Neonatology Dept.
S.N. Zainab Bibi

EXECUTIVE SUMMARY

Federal Government Services Hospital (FGSH) is the only hospital in Islamabad District which provides maternity and neonatal care to the newborns. Population of Islamabad is approximately 1 million and growth rate is 4 percent.

6,000 women are delivered annually in this hospital. Maternal mortality is 1.2/1,000 live births and perinatal death is 74.5/1,000 live births. 70% of the neonatal deaths are due to sepsis and out of this, 50% are contributed to lactation failure and mismanagement during breastfeeding.

It has been proved that exclusively breastfeeding has tremendous effect on foetal salvage. Therefore, the departments of obstetrics and neonatology are actively involved in improving the breastfeeding at FGSH Islamabad. Our objectives are to establish a hospital committee, consisting of the Medical Superintendent, all the senior obstetricians, paediatricians, neonatologists, matrons, and sisters in charge of labour ward, maternity ward, and nursery, and doctor and nurse of lactation clinic.

Our objectives are initiation of breastfeeding within 2 hours of delivery, exclusive breastfeeding from present 15% to 50% at discharge, and almost exclusive breastfeeding from present 15% to 50% after 2 years.

During the first six months the medical staff, i.e., registrar, medical officers, house officers, nurses and other paramedical staff, about 100 in number, will be trained in promotion of breastfeeding and hope that at the end of two years the perinatal mortality from infections due to failure of breastfeeding will decrease by 50%.

The motivation of all the senior consultants, assistant surgeons, senior staff of the hospital, and medical superintendents will be done by holding a one-day workshop. Emphasis will be laid on the reduction of perinatal deaths and cost effectiveness of breastfeeding vs. formula milk.

The rest of the staff will be given twice a week lectures on various aspects of breastfeeding, and batches of 4 - 6 health workers will be trained in the lactation clinics and the antenatal and postnatal follow-up clinics. The training will be completed in six weeks. Separate doctors and lady health visitors around the clock will promote and support the breastfeeding in the wards. During this time two lactation clinics will be set up so that mothers and newborns are followed up on at weekly intervals, and this facility will be daily available to them.

FGSH has four outreach programs in the rural areas of Islamabad. Besides giving medical care to women and children, the team will also teach breastfeeding promotion by lectures using flip-charts. By talking to women in groups of six, the community and family will be involved in this program.

I. BACKGROUND

Federal Government Services Hospital (FGSH), Islamabad, is the only hospital in the Islamabad district which provides maternity services and care to the newborn. It is also the referral hospital for neighbouring hilly districts. It is a free hospital run by the government.

The population of Islamabad is approximately 1 million and the vast majority of patients belong to the lower socioeconomic group.

FGSH is a 450-bed hospital with 100 OB/Gyn beds. However, there is an MCH centre with 70 beds attached to the OB/Gyn department. Nine major dispensaries are also attached to the hospital, which act as first level referral. There are four Rural Health Centres, where the hospital has its outreach programme.

The Hospital is involved in postgraduate teaching of the doctors. There is a Nursing School for training of nurses and midwives.

Major Health Problems

Neonates: Infection and low birth weight problems.

Paediatric: Diarrhoeal diseases, ARI, and high percentage of under-nourished children.

Birth rate: 4%

Infant M.R.: 108/1,000 live births

Perinatal M.R.: 74.5% at FGSH

Breastfeeding incidence: 85% at birth
 70% at 6 months
 50% at 12 months

However, exclusive breastfeeding at birth is 10%, and is non-existent at 3-4 months.

Prelacteal feeding rituals are very common, about 95%.

Maternity Services Rendered by FGSH Islamabad

No. of OB/Gyn beds: 100

No. of Maternity beds (Abpara MCH Centre): 70

Outreach Programmes: 3 (Rural Islamabad)

No. of deliveries/year: 6,000

Percentage of deliveries who had prenatal care: 75%

Percentage of C-section: 15%

Postpartum stays

- Normal deliveries: 12-24 hours
- C-section: 6-8 days

Initial breastfeeding: 85%

Postpartum follow-up: 25%

Rooming-in is the practice, unless a baby is seriously ill

Current Activities in OB/Gyn Department

Total of nine antenatal clinics, three in the morning hours and three in the evening at FGSH, and three at Abparas MCH centre.

Special attention is given to high risk pregnancies and patients are followed by senior staff. At present, women and newborns are followed up once a week during the postnatal period. This department has a very active reproductive health centre which provides all the family planning services and contraceptive surgery free of charge. Mobile teams go to far flung areas for tubal ligations. Norplant and inj Norijest are also available for contraception. Management of infertile couples, incidence of female genital cancer by early detection using pap smear, and breastfeeding promotion for reduction of perinatal deaths are the main research activities of this department. The department has four very active outreach programmes for rural Islamabad where the children and mothers are examined and free medical care and free immunization is given to children and pregnant women. They visit each village once a week.

Staffing

Three units headed by the head of department:

- Consultant Surgeon: 1 (Head of Department)
- Obstetric Surgeon: 1
- Associate Surgeon: 1

Senior registrars with post-graduate qualifications: 4

Registrars: 6

Medical officers: 12

House officers: 16

Nurse-midwives: 20

Students - under midwifery training: 16

Lady health visitors: 10

Midwives (one year obstetric training): 6

Neonatal Services Rendered by FGSB Islamabad

Total no. of beds: 25

- Level II nursery: 9
- Level III nursery: 16

Percentage of $\leq 2,500$ gram babies: 23%

No. of admissions in Level III/month: 80-100

No. of admissions in Level II/month: 150-200

Follow-up Services

Each and every baby who is born in this hospital is examined by the neonatal doctor and followed up until the age of 3-4 months. All babies who are born in the hospital are attended by a neonatal doctor at the time of birth.

Neonatal Follow-up Clinic: percentage of follow-up is about 50-55%.

Staffing Pattern - Current Situation

Consultant Neonatologist: 1

Registrar with post-graduate qualifications: 1

Medical Officer for Neonatal Follow-up Clinic: 1

Interns (House Officers): 2

Nurse-midwives: 6

Student nurses under midwifery training: 6
Lady Health Visitors: 2

Current Infant Feeding Practices

In the antenatal clinic, labour ward, and lying-in ward the women are motivated for exclusive breastfeeding. A midwife is posted around the clock to support breastfeeding. Mothers are followed-up after one week for continuation of breastfeeding.

At delivery, each mother and baby is given a discharge slip with special references for breastfeeding. After the first follow-up visit, babies are followed-up in the neonatal department until six months of age and thereafter by the Paediatric department (well baby clinic) up to five years of age.

In research activities, data collection on breastfeeding practices at FGSB has been completed. Data collection in rural areas for breastfeeding practice has just started.

Problems

Administrative cooperation not sufficient.
Non-existence of lactation clinic.
Shortage of trained health professionals.
Early discharge.
Poor follow-up for breastfeeding in the hospital.
Lack of support in the hospital and at home.
Prelacteal feeds.
Delayed breastfeeding (no milk).

II. GOAL AND OBJECTIVES

A. Goal: To improve the breastfeeding programme in our hospital.

B. Objectives:

1. To establish a hospital committee on lactation management within 1 month, consisting of obstetricians, neonatologist, medical superintendent, matron, registrar, nutritionist, etc.
2. Orientation of hospital administration staff within 2 months.
3. Establishment of two lactation clinics within 6 months.
4. To train and motivate the health professionals within 6 months.
5. To initiate breastfeeding within 2 hours after birth in 80% of deliveries in the hospital within one year.
6. To increase the exclusive breastfeeding at the time of discharge from 15% to 50% within one year.
7. 25% almost exclusive breastfeeding at one week follow-up within two years.
8. 50% breastfeeding promotion of mothers (during antenatal, natal, and postnatal follow-up) in lactation clinic during first year.
9. To reduce neonatal mortality of hospital-delivered infants due to infections from 25% to 10%.
10. Breastfeeding promotion and support will also be given by extension teams to rural Islamabad.

III. STRATEGIES AND ACTIVITIES

For lactation education and training, the medical superintendent, deputy MS, all the senior specialists of the hospital, registrars, medical officer interns, nurse midwives, nursing students, lady health visitors, and DAIS will be trained by holding workshops and by weekly lectures on promotion of breastfeeding. In total, about 96 health professionals from obstetrics and 20 from paediatrics will be trained over a period of one year. The health professionals will also be trained in antenatal clinics in the group of six postnatal clinic, labour wards, and maternity wards. An expectant mother with her mother-in-law will be motivated and given breastfeeding support in lactation clinics.

Teaching curriculum:

Prevailing breastfeeding practices in the hospital.
Physiology of lactation.
Breastfeeding and child survival.
Economic advantage of breastfeeding.
Maternal health and breastfeeding.
Management of successful breastfeeding.
Breast examination.
Effect of maternal nutrition on milk volume and composition.
Induced and relactation.
Drugs and contaminants.
Human milk for premature infants.
Breastfeeding, fertility, and child spacing.
Formula marketing and the WHO code.

Teaching Methods

Workshop: One day workshop will be arranged for Medical Superintendent, consultants for all specialties, and senior staff of the departments, including administrative staff.

Lectures: Using audiovisual aids, twice a week for six weeks. Each lecture will be of one hour duration followed by 30 minutes discussion.

Clinical teaching: in antenatal and maternity wards and postnatal follow-up clinical teaching in batches of 6-8/of health professional.

Resources

Staff:

- Senior staff for teaching is available (trained at Wellstart)
- Senior nurse-midwife trained in MCH at Japan and also at Wellstart is available for teaching purposes.

Teaching material and resources: not available.

IV. ORGANIZATION AND STAFF

Organizational arrangement: The departments of obstetrics and neonatology are involved in the promotion of lactation management. The Hospital is headed by a Medical Superintendent who also will be on the Hospital Breastfeeding Committee.

V. EVALUATION

Baseline data for the breastfeeding practices is available. A special program was designed to assess the breastfeeding practice. The survey was conducted in 1987, which highlighted the problems of unsuccessful breastfeeding.

Incidence of perinatal and neonatal mortality was also collected. The main reason for infection in the neonate was bottle feeding. Since baseline data is already available, and causes leading to breastfeeding failure are also known, after training the health professionals and once the lactation clinic is established, another evaluation will be done by the lady health visitors after one year and at the end of two years. Statistics will be compared and improvement in breastfeeding will be evaluated by comparing the perinatal mortality due to infections.

Evaluation of the rural centre will be carried out in a similar way by the same staff, using a similar program. The effect of exclusive breastfeeding and relactation will be evaluated by the end of two years.

Objectives for community breastfeeding promotion program are:

- To change the breastfeeding practices in rural areas.
- To introduce relactation in babies less than one year of age.
- To reduce perinatal and neonatal deaths due to infectious diarrhea by 50% over a period of two years.

VI. BUDGET

Currently no budget is available for the above programme. This type of preventive practice is not given any importance. Therefore, it has been impossible to set up lactation clinics and give proper support to mothers during breastfeeding.

Possible source of funds: none available.

Budget Items

<u>Staff</u>	<u>Pay/month</u>	<u>Pay/year</u>	<u>2nd year</u>	<u>No.</u>	<u>Total for 2 yrs</u>
Medical Officers	Rs 3,500	42,000	42,000	4	336,000
Staff Manager	Rs 4,000	48,000	48,000	1	96,000
Lady Health Visitor	Rs 1,800	21,600	21,600	6	216,000
Driver	Rs 1,500	18,000	18,000	1	36,000
Dai Attendant	Rs 1,200	14,400	14,400	1	28,800
Steno Typist	Rs 3,000	36,000	36,000	1	72,000
				Total	784,800

Faculty

Honorarium for 2 consultants for 2 years	1,000 each/month	Total for 2 years: 48,000
Living & travel expenses, internal travel twice in one year by both consultants & midwife trained by Wellstart		Total for 2 years: 96,000
		144,000

Facility

Office space in or near the hospital	5,000/month	Total for 2 years: 120,000
Refreshment		10,000
Audio-Visual: Coloured TV 26"		22,000
VCR		17,000
Slide projector		15,000
Preparation of local video tapes		15,000
Preparation of transparencies locally made		1,000
		TOTAL: 200,000

Marketing

Program brochure	10,000
Development & design	20,000
Type machine	30,000
Printing	20,000
Mailing	5,000
Advertising (journal)	10,000

TOTAL 95,000

Material/Supplies

Paper	5,000
Name tags	1,000
Pencils	500
Folders	5,000
Pamphlets	10,000
Slides/transparencies	3,000

Total 24,500

Miscellaneous

Petrol (for 2 years)	60,000
Van	300,000
Telephone	10,000
Telephone bill	12,000
Miscellaneous	30,000

Total 612,000

SUMMARY OF BUDGET FOR 2 YEARS

Staff	Rs 784,800
Faculty	Rs 144,000
Facility	Rs 200,000
Marketing	Rs 95,000
Material/Supplies	Rs 24,500
Miscellaneous	Rs 61,200

GRAND TOTAL

Rs 1,309,500
= 59522.727 US DOLLARS

**COMMUNITY BREASTFEEDING PROMOTION PROGRAM
FGSH ISLAMABAD**

Dr. Samia Janjua, F.R.C.O.G.
Dr. Zafar Iqbal Naeem
S.N. Zainab Bibi

BACKGROUND

Current Situation

Departments of Paediatrics and Obstetrics have community outreach programmes in rural areas of Islamabad. Three teams are sent by the Department of Obstetrics every week (once a week) to look after the mothers and children and once a week by the Paediatric Department. Approximately 100 patients are seen in a day, of which 50% are women and 50% children. 80% of the children are less than five years. The patients are seen free of charge and get free medical care. Immunization of children and mothers are carried out.

A survey on cultural practices of breastfeeding is being carried out to have the baseline data about the breastfeeding situation in the community.

No health facilities are available in this area. The only facility is provided by these teams once a week in each village.

Problems

Since no health facilities exist there, no statistical data is available about perinatal, neonatal, or maternal mortality and breastfeeding practices. Hence problems are many fold. It is therefore decided first to collect data on perinatal deaths, neonatal deaths, maternal deaths, and breastfeeding practices.

GOALS AND OBJECTIVES

Goals:

- To reduce perinatal and neonatal mortality by exclusive breastfeeding.
- Introduction of relactation

Objectives

- To collect data on perinatal and neonatal mortality.
- To analyze breastfeeding practices in rural areas of Islamabad over a six month period.
- To promote almost exclusive breastfeeding.
- To reduce perinatal and neonatal mortality by 50% over a period of two years.

STRATEGIES

Education of the mothers and family members regarding:

- Almost exclusive breastfeeding for 4-6 months.
- Benefits of breastfeeding.
- Cost effectiveness of breastfeeding.

The education will be done in local language and using locally made audio-visual aids.

Organization and Staff

Departments of Obstetrics and Neonatology will be involved in this program. Teams of two doctors (one from Obstetrics and one from Paediatrics), Lady Health Visitor, and a Nurse Aid will visit one village once a week. The day of the visit will be fixed and announcement of the team's arrival will be done in the mosque. This facilitates the rural population about their visit to the clinic. Two medical officers will be required for such work.

Work Plan

Each woman and child will be examined, necessary medicine given, and referral will be according to the illness. The pregnant women and mothers who are breastfeeding the baby will be educated about exclusively breastfeeding and advice and motivation about relactation will be done. This is a common practice in the villages to stop breastfeeding if a child has diarrhea or any other illness.

Lady Home Visitors will immunize the pregnant women and children. Mothers will be given contraceptive advice and contraceptives will be freely given. Medical service and medicines will be given free of charge.

EVALUATION

After collection of baseline data, a similar survey will be carried out after 1 year and 2 years and statistical evaluation will be done. The effects of exclusive breastfeeding and relactation will be evaluated by the end of two years by checking the perinatal and neonatal mortality, using the same program which will be used at FGSH.

BUDGET FOR RURAL PROJECT

		1 year	2 years
Medical Officer	Rs 3500/m	62000	84000
Lady Health visitor	Rs 1800/m	21600	43200
Midwife	Rs 1500 /m	18000	36000
Special Teaching Aids			20000
			= 183200 = 8327 US Dollars
GRAND TOTAL			= 67,849 US Dollars for a period of two years

62'

THE ISLAMIC REPUBLIC OF PAKISTAN

COUNTRY PROFILE

By: DR. SAMIA JANJUA OBSTETRICIAN,
FEDERAL GOVT SERVICES HOSPITAL
ISLAMABAD PAKISTAN.

1. Introduction: Pakistan is centrally located in the continent of Asia. Along the northern areas of Pakistan, adjacent to Hunza, is the Chinese Province of Sinkiang and narrow strip of Afghanistan separates this region from the Russian Turkistan. Towards the west and north-west are the state of Iran and Afghanistan and on the east and south, it borders with India. The coast line of Pakistan runs along the Arabian Sea between the borders with Iran and India. The country has area of 796,098,66 Square Kilometers, which includes total cultivated area of 15.54 million hectares irrigated and 5.20 million hectares unirrigated, 3.15 million hectares under forest. The country is divided into four provinces namely Punjab, Sind, Baluchistan and N.W.F.P., and the federal capital is Islamabad.

2. Climate: Pakistan has three well-defined seasons: Winter, Summer and the Monsoon or rainy season. The summer season starts in mid-April. Between July and September the monsoon sets in and brings an average of 15 to 20 inches (38-50 cm) of rain to the plains and 60 to 80 (150-200 cm) to the hills. The winter season (November to March) is the most pleasant one throughout Pakistan, except in the mountainous regions, where it is extremely cold.

3. History: Historically, this is one of the most ancient lands known to man. Pakistan traces its history back to at least 2,500 year B.C. when a highly developed civilization flourished in the Indus Valley areas of Harappa, Moenjodaro and Kot Diji. On about 1,500 year B.C. the

Aryans overwhelmed this region and influenced the Hindu civilization whose centre moved to Ganges Valley. Later, the Persians occupies northern regions in the 5th century B.C. The Greeks came in 327 B.C., under Alexander the Great and passed away like a meteor. In 712 A.D., the Arabs, led by Mohammad Bin Qasim, landed near modern Karachi, and ruled the lower half of Pakistan for two hundred years. During this period Islam took roots in the soil and influenced the life, culture and traditions of the people.

In the 10th Century A.D. began the systematic conquest of South Asian by the Muslims from Central Asia who ruled almost the whole subcontinent upto the 18th century A.D., when the British became masters of the land and ruled for nearly 200 years - for only 100 years over what is Pakistan now. After years of untiring struggle by the Muslims of the India Subcontinent under the brilliant leadership of the Quaid-i-Azam Mohammad Ali Jinnah, Pakistan emerged on the map of the world as a sovereign state on 14th of August 1947, when the British Indian Empire was partitioned into two independent states: India and Pakistan.

4. Population: Pakistan is the ninth most populous country in the world, having one of the highest growth rate of 3.1% per annum. The total population of Pakistan which at the time of last Census in 1981 was 84 million, is estimated to have reached 110 million in 1990. About 56% of the total population live in Punjab. The rural/urban distribution is 71.7%/28.3%.

5. People and Languages: The people of Pakistan are culturally homogeneous, being mostly Muslims. The other religious groups include Christians, Buddhists, Hindus, Sikhs and Parsis. While Urdu, the national language, is spoken throughout Pakistan, English is extensively used in official and commercial circles and in the cities.

The regional languages are Sindhi in Sind, Baluchi in Baluchistan, Punjabi in Punjab and Pushto in the North West Frontier Province.

6. Literacy and Education: Pakistan has one of the lowest literacy rates in the world. It is 26.2% of which 35.1% for male population and 16.0% for the female. Female illiteracy in Pakistan is very high especially in rural areas (7.3%).

There are 85,846 primary schools, 5,622 high schools and 22 universities in Pakistan (Central Bureau of Education - 1988-89), which are estimated to have increased to 90,942, 5,816 and 22 in 1989-90 respectively.

7. Labour Force and Employment: The labour force in 1989-90 is 31.82 million out of which 22.3 million is in rural and 8.59 million in urban areas. About 0.95 million new workers enter the labour force every year. Out of total population, 38.30% males and 4.92% females are in labour force. The employment pattern shows that agriculture is the main absorbent of the labour force (51.15%) followed by industry (12.69%) and trade (11.93%). The employment rate is 3.13% (2.60% in rural and 4.58% in urban)

8. Population Growth Pattern: The crude birth rate in Pakistan is high i.e. 43.3 per 1000 person (37.3 urban and 46.1 rural. The fertility rate is 6.9 per woman. This places Pakistan among those countries which have a crude death rate of 10.3 per 1000 person (7.8 urban and 11.3 rural). The infant mortality rate is 103.9 per 1000 person (79.0 urban and 113.5 rural). The intercensal growth rate is 3.10%.

9. Migration: About 5.16 million person migrated within the country. The pattern of internal migration shows a considerable flow from rural to urban areas. The proportion of urban population which was 22.5% of the

total population during 1961 rose to 29.6% in 1990. This has exerted pressure on the urban areas and created considerable social problems.

10. Economy: The per capita income in 1989-90 is about US\$ 390. The economy of Pakistan has been registering a high growth rate during the last decade. The annual growth rate in the GDP has been about 6% per annum, with growth rates of nearly 4% in Agriculture and 8% in manufacturing. A major acceleration has taken place in the pace of rural development through expansion of physical infrastructure and public services.

11. Inflation: The inflation rate has been low (below 7.0%) in recent years compared with price trends in the region and some other comparable countries. The Government aims to maintain a growth rate of around 5.5% with emphasis on commodity producing sectors, mainly agriculture and industry, supplemented by short term steps like regulating imports/exports and improving distribution system.

12. Agriculture: Value added of agriculture sector constitutes 26.0% of the GDP and has growth rate of 4% in recent years. Pakistan has two cropping seasons, Kharif and Rabi. Main crops of Kharif season (soon during April- September and harvested during October-March) include rice, cotton, maize and sugarcane. Rabi season crops (soon during October-January and harvested during April-June) include wheat, gram, tobacco, rapeseed and mustard. Rabi crops has pivotal position in agriculture and its contribution to agriculture is 66%. Pakistan has emerged as a major exporter of cotton and rice.

13. Industry: Next to agriculture, manufacturing industry is the largest sector of the economy. Value added of industry constitutes 17.85% of the GDP and absorbs 12.69% of the labour force. The major industries

of Pakistan are cotton textiles, vegetable ghee/cooking oil, fertilizers, cement, sugar, paper and chip board, cigarettes, soda ash, caustic soda, pig iron/hot metal and billets.

14. Minerals: The contribution of mining and quarrying sector to overall GDP is 0.5%. The major minerals natural resources are consists of rock salt, coal, lime, natural gas, gypsum, argonite, fire clay, silican sand, soap stone, magnesite, orchre, dolomite, jullers earth, chromite and sulpher, etc.

15. Transport: It's the crucial factor in economic development of the country. The passenger traffic during 1989-90 is around 144,631 (20,724 by rail, 121,586 by road, and 2.321 by air) million passengers Km and freight traffic 42,297 (8,000 by rail, 34,265 by road and 32 by air) million tonnes Km. There are 1695,508 motor vehicles on road, 41 aircrafts in PIA's fleet and 714 locomotive in railway in Pakistan.

16. Energy: Improvement in living standards combined with continued growth of the economy have built pressure on the energy sector. Demands for energy for domestic as well as development requirements has increased at a faster rate in recent years. During the last five years, the energy demand has grown at a compound rate of 6.6%. In absolute term, energy consumption has increased from 12.76 million TOE in 1982-83 to nearly 20 million TOE in 1988-89. The development of energy sector of the economy is being high priority.

17. Health and Nutrition: During the last 25 years, Pakistan has achieved remarkable reduction in mortality (21 per 1000 in 1965 to 10.5 per 1000 in 1990) and steady improvement in overall health. Total expenditure on health in 1989-90 is 0.86% (Rs.3010 million) of the GNP. In 1990 there are 63077 registered doctors, 1990 registered dentists,

21190 registered nurses, 714 hospitals, 3627 dispensaries, 3904 basic health units, 446 rural health centre, 68733 beds in hospitals and 968 maternity and child health centres.

Calorie and proteins availability in Pakistan has been improving over time. Compared to the recommended dietary allowance of 2550 calories, it is 2517 calories per capita per day in 1989-90. Protein availability per day has also increased from 59.03 grams in 1987-88 to 66.56 grams in 1989-90. Government is making efforts to further improve the nutrition status. During 1989-90 Rs.11.083 million have been allocated for nutrition programme.

There is a steady improvement in the health status of the nation. The life expectancy at birth has increased to 61 years. The crude death rate is estimated to be 11 per thousand people while maternal mortality is 2-4 and infant mortality is 80 per thousand live births.

The disease pattern is changing. The six preventable diseases of childhood are well under control. Pulmonary tuberculosis of the adults is a major public health problem. Malaria still remains a potential threat while acute respiratory tract infections are quite common. Cardiovascular diseases, cancer, road accidents and drug abuse have emerged as major public health problems. Mental disorders are becoming more common than reported earlier.

At present there is only one doctor for 2920 persons, one dentist for 61,760 persons, one primary health care facility for 11,230 persons and merely one hospital bed for 1650 persons. Primary health care facilities are being offered by 3496 basic health units, 492 rural health centres, and 6050 other health outlets i.e. dispensaries, maternity child health centres and sub-centres.

18. Health Future Plan: The future plans aim at improving the quality of care, removing the urban: rural imbalances, providing care to the vulnerable groups, minimizing drug abuse, treating persons suffering from pulmonary tuberculosis, establishing a national school health service and efficient and effective accident and emergency services, integrating mental health and child spacing as a part of primary health care, removing imbalances in health manpower, introducing of a proper drug policy and health insurance and providing better incentives to the private professionals and functionaries in the science of management. .

19. National Health Policy: A National Health Policy has been promulgated by the Government recently. Some of its major policy directions are as follows:-

- (i) Emphasis will be on improving the quality of care at all levels and making preventive programmes like immunization, training of birth attendants, control of diarrhoeal diseases and malaria, a normal function of health facilities.
- (ii) Outreach services will be provided by properly trained health auxiliaries, one per census village.
- (iii) Community will be involved at all levels by creation of autonomous boards, governing bodies, management committees and health committees.
- (iv) A nation-wide school health service will be made operative to take care of the unattended youth.
- (v) Emergency and allied services will be vastly improved.
- (vi) Nutritional status will be improved and goitre will be eliminated among pre-schoolers.
- (vii) Fertility regulation to be a focal point of primary health

care.

- (viii) Employment will be provided to all categories of health personnel in public and private sector.
- (ix) Existing imbalances in health manpower development will be removed with special emphasis on enhanced output of specialists, nurses and paramedics.
- (x) Health insurance, at least, for critical illness will be introduced while Employees Social Security will be extended.
- (xi) The prevention of occurrence of disabilities and the care of disabled for better prospects of life will be continued.
- (xii) Health awareness will be created among the masses for healthful living in anticipation of mass female literacy
- (xiii) The managerial capacity of public health system will be improved.
- (xiv) Establishment of private clinics and hospitals by appropriate incentives will be encouraged.

20. Conclusions: In the last four decades, ever since the birth of Pakistan, economic development of the country has been to ensure two main objectives at the minimum: securing the national survival, and attending to the day to day tasks of providing basic social necessities. In the process, a structure of production and distribution has evolved. This structure has been only indirectly responding to the higher aspirations of the people.

Now that the economic foundations of Pakistan are firmly established, the social and economic policies are now attuned to meet the aspirations of the people in an open political climate under a democratic way of life.

**PROGRAM PLAN
FOR LACTATION MANAGEMENT EDUCATION**

QUIRINO MEMORIAL MEDICAL CENTER

Project 4, Quezon City

Philippines

**Dr. Teresita M. Flavier
Dr. Lourdes Maraviles
M.S. Marina Alvarez**

I. Background

Quirino Memorial Medical Center is a Philippine government hospital located at Project 4 Quezon City, south of Manila. It is a tertiary as well as a training hospital. There are six (6) major departments and outpatient laboratory and dental services. The three key areas of activities are service, training and research.

The departments of OB/Gyn and pediatrics are accredited by their respective component specialty society. Training residents as well as undergraduate medical and nursing school students rotate for clinical experience.

Hospital bed capacity:	200
OB/Gyn beds:	38
Maternity beds:	29
Pediatrics:	45

A perinatologist and neonatologist is in the consultant staff.

Coverage area population: 208,868

85% belong to the lowest income group.

Refer to appendix A for Hospital Profile.

II. Problem

Our main problem is poor implementation of breastfeeding program in QMMC. This is mainly due to the absence of an official breastfeeding program, low IEC, health care providers have inadequate knowledge and skills of lactation management. Overcrowding and inadequate facilities, as well as lack of manpower, is a big problem. Milk code is not strictly enforced.

III. Goal

To improve lactation management and breastfeeding promotion of health care providers in Quirino Memorial Medical Center.

IV. Intermediate Objective

- 4.1 The percentage of infants delivered in Quirino Memorial Medical Center initiated to exclusive breastfeeding will increase by 20% by the end of December 1991.
- 4.2 The average duration of exclusive breastfeeding among mothers delivering in the hospital will increase 3-4 months by the end of December 1991.
- 4.3 The incidence of infectious and diarrheal diseases will decrease by 50% by the end of December 1991.
- 4.4 The number of rooming-in beds will increase from 29-50 by the end of 1992.

V. Input Objectives

- 5.1 To gather perinatal baseline data for monitoring and evaluation by the end of December 1990, three months after Wellstart Core Team have returned from training.

- 5.2 To formulate a hospital policy and procedure on Lactation Management Education by the end of December 1990.
- 5.3 To train 100% of perinatal health care providers of Q.M.M.C. by the end of March 1991. Number of participants - 45.
- 5.4 To upgrade the physical setup of the hospital, so that rooming-in beds will increase from 29-50 by the end of 1992.

VI. Activities

- 6.1 To present action plan to the Director of Quirino Memorial Medical Center immediately after return from course.
- 6.2 In-patient clinical service delivery
 - 6.2.1 To provide an inpatient lactation management service which will fully implement a rooming-in policy promotive of breastfeeding. The policies will basically focus on the following:
 - 6.2.1.1 Allowing "latch on" of newborns to occur immediately after delivery
 - 6.2.1.2 Initiation of breastfeeding after delivery
 - NSD 1-2 hours
 - C/S 5-6 hours
 - 6.2.1.3 Mothers rooming-in on a twenty-four hour basis for all normal babies
 - 6.2.1.4 Selective use of analgesic/anesthesia to ensure early mother-infant contact and successful lactation
 - 6.2.1.5 Non-use of prelacteals, starter formulas, tests and pacifiers
 - 6.2.1.6 Trained staff to support mother through all stages of labor up to puerperium and discharge.
 - 6.2.1.7 To include successful breastfeeding as one of discharge criteria.
 - 6.2.1.8 Strict enforcement of the Milk Code.
 - 6.2.2 To increase 20% collection, storage of breast milk at the nursery for preterm babies, VLBW and sick babies.
- 6.3 An outpatient lactation management service which includes prenatal and postnatal checkups an well baby clinic.
 - 6.3.1 Breastfeeding and lactation information, breastfeeding history, breastfeeding problems, breast exams.
 - 6.3.2 Adequate health education and advice on nutritional requirements.

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- 6.3.3 A core of trained staff to provide support and instruction on how to initiate and maintain breastfeeding and management problems encountered.
- 6.4 Training - Core groups plan to adopt a team approach system.
- 6.4.1 To train perinatal health care professionals e.g. hospital director, chief of clinics, doctors, nurses, midwives and nutritionist with scientific updates and clinical skills necessary for implementation of a successful lactation program. There will be two phases of training:
- First Phase - 20 participants
Date: November 1990
- Second Phase - 25 participants
Date: March 1991
- * First Phase trainees will act as co-trainers. Course will be coordinated with training officer.
- 6.4.2 Venue - Quirino Memorial Medical Center Conference Room
- 6.4.3 Duration of Training - five days, forty hours
- 6.4.4 Methodology - lectures, didactics, AV aides, clinical demonstrations, actual practice
- 6.4.5 Training curriculum
- 6.4.5.1 Overview and advantages of breastfeeding
- 6.4.5.2 Anatomy, physiology and biochemistry of lactation
- 6.4.5.3 Management of successful breastfeeding and growth monitoring
- 6.4.5.4 Breastfeeding counselling techniques
- 6.4.5.5 Breastfeeding pathologic issues
- management of breastfeeding problems
- management of VLBW infants
- 6.4.5.6 Effects of pharmacologic agents
- 6.4.5.7 Breast milk supplementation and weaning
- 6.4.5.8 Milk code implementation
- 6.4.6 Evaluation of the course. Pre and post tes: to evaluate knowledge and skills of trainees before and after the course
- 6.5 Information and learning resources - library. It will be equipped with instructional materials, books and journals, and AV aides used in the Lactation Management course. This will provide support for the center staff.

6.6 Evaluation of the program

6.6.1 To gather perinatal baseline data immediately after hospital team has finished the course

6.6.2 Report of activities every three months. What to assess?

6.6.2.1 Service component of the hospital

- percentage of babies initiated to breastfeeding
- percentage of babies exclusively breastfeeding 3-4 months duration
- percentage of neonatal disease, e.g., diarrhea

6.6.2.2 Changes made by the health care providers:

Devise a questionnaire about knowledge, attitudes, and procedures (KAP) before and after official breastfeeding program.

6.6 Budget - to be discussed with Director of Hospital and Budget Officer

6.7 Research - Studies on topics related to lactation management program, e.g., cost analysis of breastfeeding program.

Activities	September 1990	Person Responsible	Indicator
6.0 Proposal to improve physical setup	September 1990	Hospital administration	Rooming in beds increased from 29-40 beds
6.1 Ob/Gyn increase rooming beds for 29-40 beds upgrade facilities	September 1990		Facilities upgraded
6.2 Reservation of neonatal Intensive Care Unit	September 1990	Hospital administration	Neonatal Intensive Care Unit upgraded
6.3 Increase incubator from 4-8 and CP machine resuscitator	September 1990	Hospital administration	4-8 incubators available CP and resuscitator available

Activities	HOSPITAL ACTIVITIES				Persons responsible	Indicator
	Sept. '90	Oct. '90	Nov. '90	Dec. '90		
Presentation of action plan to Hospital Director	Upon arrival from seminar				Wellstart Core Group Dr. Flavier Dr. Maraviles Ms. Alvarez	Approval of action plan
Gather perinatal baseline data - OB - DR - Nursery & Pediatrics - OPD					Wellstart Core Group Dr. Flavier Dr. Garantes Mrs. Alvarez	Baseline data available
Formulation and implementation of hospital policies and guidelines					Wellstart Core Group Dr. Flavier Dr. Garantes Mrs. Alvarez	Written policies and guidelines formulated and implemented
Development of researching and reporting system					Care group to guide - Senior Resident - Ob-Gyn - Pediatrics	Monthly report submitted and evaluated by Core group

HOSPITAL ACTIVITIES

Activities	Sept 1990	Oct 1990	Nov 1990	Dec 1990	Jan 1991	Feb 1991	March 1991	April 1991	Persons Responsible	Indicator
Training of perinatal health care provider									Core group	Training syllabus prepared and approved by training officer
Development of training syllabus and coordination with training office									Core group Project Officer Hospital Director	Budget approval
Preparation of budget and approval of director									Core group Project Officer Hospital Director	Budget approval
Procurement of supplies and training material									Core group Purchasing Officer	Training material available
Conduct of training - 1st course 20 participants, 2nd course 25 participants									Core group	20 participants trained

WELLSTART/SAN DIEGO LACTATION PROGRAM
PROFESSIONAL TRAINING and CONSULTANT SERVICES

HOSPITAL PROFILE

Name of Hospital QUIRINC MEMORIAL MEDICAL CENTER

Address PROJECT 4, QUEZON CITY

Professional Position in the hospital of Person Completing This Form
Head, Department of OB-GYN and Head Department of Pediatrics

Date July 18, 1990

General Information

1.0 Total patient capacity of the hospital: 200 beds

2.0 Annual number of deliveries:

from JANUARY, 1989 to DECEMBER, 1989 = 3,653
month year month year

3.0 Total number of maternity beds 29

4.0 Of these maternity beds, how many are in:

one bed (private) rooms 0

two bed rooms 1

three to four bed rooms 1

five to ten bed rooms 4

greater than ten bed rooms 1

(Please indicate actual number of beds in these larger rooms).

5.0 Neonatal intensive care nursery capacity

Level I all roomed-in (normal newborns)

Level II 5-10 (intermediate)

Level III 10-15 (special or intensive care nursing)

- 6.0 Is this hospital a Level III nursery referral center?
 Yes _____ No X
- 7.0 Average number of deliveries per month for the past 4 to 6 months 291
- 8.0 Estimate of distribution of socio-economic status of maternity patients
- | | | | |
|---------------|------------|---------------------|-------------|
| upper income | <u>0</u> % | lower (not welfare) | <u>10</u> % |
| middle income | <u>5</u> % | welfare | <u>85</u> % |
- 9.0 Percent of mothers less than 18 years old 1.6 %
 $60/3653 \times 100$
- 10.0 Percent of single mothers _____% No data available
- 11.0 Delivery attended by: (i.e., % of all deliveries)
- | | |
|--------------------------------------|-------------|
| Private OB | <u>NA</u> % |
| Private midwife | <u>NA</u> % |
| Clinic patients, but staff OB | <u>5</u> % |
| Clinic patients, midwife | <u>25</u> % |
| Clinic patients, resident or student | <u>70</u> % |
- 12.0 Does your hospital have a prenatal clinic? Yes X No _____
- If yes: 12.1 What percent of patients who deliver in your hospital have prenatal care in this clinic?
20 %
- 12.2 Is breastfeeding discussed with patients during their prenatal visits?
 Yes X No _____
- 13.0 Does your hospital provide postpartum outpatient clinic care?
 Yes X No _____
- If yes: 13.1 What percent of patients who deliver in your hospital return to this clinic for their postpartum care? 85 %

13.2 How long after discharge is a visit to this clinic scheduled?

Vaginal delivery 3 weeks

C-section 1 week

14.0 Does your hospital have a well baby clinic?

Yes x No _____

If yes: 14.1 What percent of patients who deliver in your hospital return to this clinic for well baby care? no data %

14.2 How long after discharge is the first well baby visit arranged? 1-2 weeks

15.0 What percent of maternity patients delivering in your hospital are classified as "high" risk? 40 %

16.0 What percent of deliveries are Cesarean sections? 14 %
Primary CS 514
live births 3655 x 100

17.0 What percent of infants born in your hospital weigh \leq .2500 grams? 11 % 404/3655

18.0 What percent of infants born in your hospital are considered to be less than 37 weeks gestation? 3.9 %

146/3655

19.0 For vaginal or C-section deliveries:	Type of Delivery	
	Vaginal	C-Section
19.1 % initiating breastfeeding	_____	_____
19.2 % breastfeeding <u>exclusively</u> at discharge	<u>No Data</u>	_____
19.3 % breast and bottlefeeding ("mixed feeding") at discharge	<u>Available</u>	_____
19.4 Average length of hospital stay	_____	_____
19.5 How old is baby when first breastfeeding occurs?	_____	_____
19.6 Is rooming-in available?	_____	_____

20.0 What is the usual interval between breastfeedings after they are initiated? 2-3 hours

21.0 Are mothers instructed to limit the time of nursing at each feeding (time per side)? Yes _____ No X

22.0 If rooming-in is available, are there times when babies are not with mothers?
Yes X No _____

If yes: 22.1 What times (both day or night)? Both
22.2 How long? Indefinite
22.3 Reasons Overcrowding and weak babies

23.0 Do infants receive a bottle feeding before the first breastfeeding?
Yes _____ No X

If yes: 23.1 What is given? Sterile Water _____
D/W _____
Formula _____
Other (specify) _____

24.0 Do breastfed infants receive additional supplements routinely?
Yes _____ No X

If yes: 24.1 What is given? Sterile Water _____
D/W _____
Formula _____
Other (specify) _____

24.2 If supplemental feedings are given but not routinely, what criteria are used to select infants who will be supplemented?
pre/post feeding weights _____
fussy baby _____

low wet diaper count _____
mother judgement _____
nurse judgement _____
physician judgement X

25.0 Do breastfed infants receive formula or water feedings in place of breastfeeding? (i.e., to allow mothers to nap or sleep through a night feeding)

Yes _____ No X

26.0 If infants are offered something in addition to or other than breastfeeding, how is it given?

Bottle X
Syringe _____
Dropper _____
Cup _____
Other _____ (please explain)

27.0 Are infants given pacifiers or "dummies"?

Yes _____ No X

28.0 Are mothers instructed to cleanse their nipples before each nursing?

Yes X No _____

29.0 Please list three (3) most frequent situations for both mother and infant which are considered contraindications to breastfeeding in your hospital.

Mother Cancer patients/Chemotherapy
 Active PTB
 Septic/sedated or weak mothers

Infant Hyaline Membrane Disease

Babies with Congenital Anomalies

Sick or Critically ill babies

30.0 What are the two most frequent breastfeeding problems which mothers and/or infants in your hospital seem to have?

1) Supply of milk (Let down reflex) especially on the first 2 days after delivery

2) inability of the baby to suck

31.0 Please note two things which are usually done in your hospital for breastfeeding mothers with:

- inverted or flat nipples _____

- sore nipples _____

- engorgement Breast Pump

- a baby who refuses to nurse insertion of OGT

32.0 Does your hospital have an electric breast pump?

Yes _____ No X

If yes: 33.1 What kind (make)? _____

33.0 Does your hospital have a special breastfeeding counselor/consultant/advisor?

Yes _____ No X

If yes: 33.1 What are the qualifications for selection as a breastfeeding counselor?

33.2 Is this person a graduate or registered nurse (RN)?

Yes _____ No _____

34.0 What assistance is given to a mother who would like to nurse but cannot for a period of time (i.e., infant is too ill or a temporary contraindication is present)?

Breast pump is provided for them to collect milk
for banking

35.0 Do nursing mothers receive any written educational materials about breastfeeding?

Yes No _____

If yes: 35.1 What is provided?

Verbal Education/Encouragement
Written instruction on the importance of
breastfeeding

36.0 Is a class on breastfeeding provided for breastfeeding mothers before they are discharged?

Yes _____ No

37.0 When a breastfeeding mother is discharged does she take home:

	Yes	No
Breast pump	_____	<input checked="" type="checkbox"/>
Nipple shields	_____	<input checked="" type="checkbox"/>
Emergency formula	_____	<input checked="" type="checkbox"/>
Water (sterile or D/W)	_____	<input checked="" type="checkbox"/>

Bottles	<u> </u>	<u> </u>
Breast pads	<u> </u>	<u> X </u>
Breast cream	<u> </u>	<u> X </u>

38.0 When a breastfeeding infant is admitted to your hospital can the mother remain?

Yes X No

If yes: What arrangements are available to her for sleeping?

37.1	A bed in the room with her infant.	<u> </u>
37.2	A bed in another room.	<u> </u>
37.3	A chair in the infant's room.	<u> X </u>
37.4	She is allowed to sleep in a parent's waiting area.	<u> </u>
37.5	No arrangements are available.	<u> X </u>

39.0 When a breastfeeding mother is hospitalized can her infant be admitted with her?

Yes No X

40.0 Please check any of the listed students or residents assigned to the postpartum and/or nursery units in your hospital.

	POSTPARTUM		NURSERY	
	YES	Total Number Per Yr.	YES	Total Number Per Yr.
40.1 Nursing students	<u> X </u>	<u> 50 </u>	<u> X </u>	<u> 50 </u>
40.2 Nurse practitioner students	<u> </u>	<u> </u>	<u> </u>	<u> </u>
40.3 Nurse midwifery students	<u> X </u>	<u> 50 </u>	<u> X </u>	<u> 50 </u>
40.4 Medical students	<u> X </u>	<u> 80 </u>	<u> </u>	<u> </u>
40.5 Interns/residents in Obstetrics	<u> X </u>	<u> 40 </u>	<u> </u>	<u> </u>
40.6 Interns/residents in Pediatrics	<u> X </u>	<u> </u>	<u> X </u>	<u> 40 </u>
40.7 Interns/residents in General Family Practice	<u> </u>	<u> </u>	<u> </u>	<u> </u>

40.8 Others (identify please) _____

41.0 Does your hospital have a breastfeeding committee (some times called advisory group, task force, interest group, etc.)?

Yes _____ No X

If yes, please note which professions are included in the committee membership:

- Pediatrician _____
- Neonatologist _____
- Obstetrician _____
- Family Physician _____
- Nurse _____
- Pediatric Nurse Practitioner _____
- Midwife _____
- Nutritionist _____
- Hospital or Clinic Administrator _____
- Health Educator _____
- Social Worker _____
- Other (Describe) _____

42.0 Have members of the perinatal nursery staff of your hospital had formal training about lactation and breastfeeding management?

Yes X No _____

42.1 If yes, what percentage of the nurses have been trained?

- < 25% X
- > 25% - <50% _____
- >50% - <75% _____
- >75% _____

THE NATIONAL BREASTFEEDING PROGRAM
FIVE YEAR STRATEGIC PLAN
(1990-1994)
PHILIPPINES
(Department of Health, Manila, the Philippines)

Dr. Nerlina Pangilinan
Medical Specialist II
Hospital Operations and
Management Service

Dr. Juanita Basilio
Medical Specialist II
Maternal and Child
Health Services

NATIONAL BREASTFEEDING PROGRAM
PHILIPPINES

Breastfeeding promotion is an essential component of any child survival program. Recent studies, however, have shown a declining trend in both the prevalence and duration of breastfeeding. This situation has been brought about largely by inadequate expertise on breastfeeding and lactation management by health care providers and aggressive marketing of breastmilk substitutes.

A five-year strategic plan on breastfeeding promotion was designed to provide a more comprehensive approach to solving these problems. The two basic interventions of the program are (1) information, education, communication, and (2) regulation of marketing of milk formula and related products. Full scale implementation of the plan has yet to be undertaken because breastfeeding promotion is not yet recognized as a vertical program. Other problems and issues have been identified as immediate plan of action was implemented. Possible interventions to answer these issues have also been identified but the mechanics and the resources needed to undertake these measures are still in the developmental stage.

PLAN OF ACTION:

1. The Breastfeeding Program Five-Year Strategic Plan will be presented to the Executive Committee for approval and eventually to gain full administrative support in terms of manpower and logistics.
2. Formulation of the National Policy Guidelines on Rooming-in and Breastfeeding Practices for hospitals
A consultative workshop participated by graduates of the Lactation Management Training Courses conducted by Jose Fabella Memorial Hospital was held last May, 1990 specifically aimed at drafting the guidelines for rooming-in and to resolve issues and problems encountered by these graduates in trying to improve the rooming-in practices in their hospitals. Policy options that were feasible for nationwide implementation were selected. The process of finalizing these guidelines is still underway and the final draft will be presented to the Executive Committee for approval.
3. Development of a Social Marketing Plan
Creation of general awareness on breastfeeding was mainly on the dissemination of limited IEC materials on breastfeeding and conduct of health education activities. Efforts were not focused on the priority groups: the vulnerable mothers and the "untrained" health care providers. A Social Marketing Plan will be developed in coordination with the Public Information and Health Education Service (PIHES). Activities will include the following:
 - 3.1 Social mobilization of political, religious, civic, consumer and community groups.
 - 3.2 Health education activities
 - 3.3 Training of health education providers
 - 3.4 Mass media campaign
 - 3.5 Regular coordinating meetings among other services within the DOH and outside the DOH. This will enhance the integration of breastfeeding promotion in the maternal and child health related programs. Possible areas for integration is in training, monitoring and evaluation activities, and preventive interventions.
 - 3.6 Development of IEC materials with focus on the key breastfeeding messages:

*Breastmilk alone is the best possible food
and drink for the baby in the first four to
six months of life.

*Babies should start to breastfeed as soon as possible after birth.

*Frequent sucking is needed to produce enough breastmilk for the baby's needs.

*Bottlefeeding can lead to serious illness and death

*Breastfeeding should continue well into the second year of a child's life.

3.7 Organization of a resource learning center

Teaching materials and references provided by Wellstart will be deposited to the Child Survival Information Center which is temporarily housed at the National Rehydration Treatment and Training Center. The Center is manned by a library coordinator and provides technical updates primarily on the Control of Diarrheal Diseases but will continually amass other materials pertinent to child survival.

4. Lactation Management Training Centers

The Jose Fabella Memorial Hospital operates as the National Lactation Management Training Center. Teams from four hospitals in Metro Manila and eight regional hospitals throughout the country have already been trained and will in turn train teams from provincial and districts hospitals and field health personnel.

Two other subnational training centers will be established so that training could be conducted at an accelerated phase. Core trainers from these selected hospitals will be recommended for training at Wellstart.

5. Curriculum Integration

Curriculum on Breastfeeding in schools of medicine, nursing, midwifery, and nutrition-dietetics will be reviewed and strengthened. The National CDD Program has established linkage with these institutions and it will be through this link that Breastfeeding integration will be fostered.

The Philippine General Hospital, which has one of the highly respected medical and nursing schools pioneered the improvement of the curriculum on Breastfeeding. This will be adopted or may already have been adopted by the other five major medical schools and eventually of the rest of the medical schools.

More concerted efforts should be exerted for the nursing and midwifery schools.

Activities to promote curriculum integration:

5.1 coordinating meetings

5.2 orientation workshops

-these workshops are activities critical for initiating steps towards integration. Such workshops should succeed in eliciting the interest and commitment of the key persons of these institutions.

5.3 formation of task force to review, revise, implement and evaluate the curriculum.

5.4 continuing education, such as scientific meetings, fora, etc.

5.5 provision of teaching materials

6. Supervision, Monitoring, and Evaluation

This is often identified as one of the weak component in any program because of the problem of inadequate manpower, technology, logistics, and the several areas that need to be monitored or evaluated, i.e. training, IEC, progress. This component will entail separate plans of action, pooling of resources and priority setting.

Subcomponents:

6.1 Baseline studies

This is the best time to do baseline studies while the program is still in the developmental stage.

6.1.1 Prevalence survey on breastfeeding

- data on breastfeeding gathered from national surveys conducted every three or five years are not necessarily the indicators needed by the program. A separate prevalence survey on exclusive breastfeeding and duration of breastfeeding will be a good baseline for future impact evaluation of the program.

6.1.2 Regular monitoring

- a. Report on breastfeeding activities/accomplishments every quarter by region
 - Records and report forms will be reviewed and revised such that they yield useful information for assessing progress of implementation.

- b. Annual field visits of health facilities

To monitor:

what: breastfeeding promotion
rooming-in practices
Milk Code implementation

by whom: central monitoring team
special code monitoring team

how often: at least once a year for every health facility; may be more often for problem areas

tools: monitoring checklists

methods: ocular inspection of the facilities
review of records
interviews of patients/personnel
dialogue with staff

indicators:

- *proportion of newborns roomed-in
- *proportion of mothers initiating breastfeeding
- *lagtime from delivery to rooming-in
- *proportion of newborns given pre-lacteals
- *presence of breastmilk substitutes feeding bottles
- *presence of posters, calendars, etc. advertising infant formula
- *counselling activities on breastfeeding
- *presence of IEC materials promoting breastfeeding

6.1.3 Special surveys/studies

- a. Prevalence survey every three years
- b. Hospital profile survey before and after training
- c. Assessment of Lactation Management Training Courses/ curriculum integration
- d. Cost savings and effectiveness of lactation management and rooming-in
- e. Evaluate impact of IEC campaign

6.1.4 Consultative workshops/fora

- this will be an annual activity convening MCH/Breastfeeding coordinators/task force to review past accomplishments, assess performance, institute remedial measures, plan future activities.

*** All of these activities should be documented and feedbacks be given to persons concerned.

Prepared by:


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Executive Summary
Proceedings of the Consultative Workshop
on Hospital Practices on Breastfeeding
Lung Center of the Philippines
May 30-31, 1990

A two-day Consultative workshop on Hospital Practices in Breastfeeding was held at the Lung Center of the Philippines last May 30-31, 1990.

The objective of the workshop was to discuss and resolve issues and problems related to rooming-in implementation and to develop policies and procedural guidelines on breastfeeding and rooming-in.

Participants were doctors and nurses who were graduates of Lactation Management Education Course from Dr. Jose Fabella Memorial Hospital (JFMH).

The resource persons were Dr. Amelia Fernandez and Dr. Norberto Hocson from the UP-PSH who discussed Breastfeeding in High Risk Infants and High Risk Mothers. Dr. Ricardo Gonzales, from JFMH talked on the Implications of the Milk Code on Hospital Practices and the Remaining Blocks to Implementation. Ms. Ruth Charrondiere from the World Health Organization expounded on the Ten Steps to Successful Breastfeeding as embodied in the Joint WHO/UNICEF Statement on Protecting, Promoting and Supporting Breastfeeding.

Dr. Juanita Basilio, from MCHS, presented the results of a hospital profile survey of 14 selected hospitals nationwide. The main finding was that the majority of the hospitals surveyed were not practicing rooming-in or there was a delay in rooming-in. Medical problems, such as prematurity, infectious diseases and congenital anomalies, and administrative constraints were cited as the reasons for delay or non-practice of rooming-in.

Dr. Hazel Balbido of Ilocos Regional Hospital shared their experiences in changing the hospital's rooming-in practices. Based on the hospital profile survey, Ilocos Regional Hospital has a high and immediate rooming-in rate.

Dr. Elvira Dayrit provided the participants with the common hospital issues on breastfeeding practices with their corresponding options and a schematic diagram of hospital guidelines on rooming-in in vaginal and cesarian delivery.

Workshop Outputs:

Each hospital team came out with the following workshop outputs:

1. Identification of three most common medical problems and three administrative problems and their solutions
2. Selection of options which will be the basis for national policy statements and procedural guidelines for breastfeeding and rooming-in (see attached selected options)
3. Action plans on solving the remaining blocks to full implementation of rooming-in.

The workshop, as synthesized by Dr. Dayrit, is the interrelationship between the technical experts (resource persons and facilitators) and the participants (as policy makers and implementors) coming up with a process of development of policies characterized as realistic, technically sound and practical, having better chances for success-contributing to improved health for mothers and infants.

ISSUES AND POLICY OPTIONS IN HOSPITAL BREASTFEEDING PRACTICES

ISSUES	SELECTED OPTIONS
1. Absence of clear hospital policy statements and procedural guidelines on rooming-in, breastfeeding and breastmilk feeding	Each hospital must be required to have clearly written policies and procedures based on attached flowcharts and to be disseminated to all personnel
2. Definition of Standards for Rooming-In (RI) and Breastfeeding (BF)	
2.1 Breastfeeding in the delivery and operating rooms	Routine for well babies (see Definition of Terms)
2.2 Timing of rooming-in	
o Vaginal deliveries	Within 1-2 hours with "latching on" immediately after the 2nd stage of labor
o Uncomplicated C/S	Within 4-6 hours
o Complicated births (sick baby, sick mother or both sick)	Room-in as soon as medical conditions permit; deliver breastmilk by other methods while not roomed-in
2.3 Minimum number of beds to be roomed-in	
o Vaginal deliveries	undecided
o C/S Deliveries	undecided
2.4 Breastfeeding among roomed-in babies	All roomed in babies must be breastfed/ breastmilk fed
2.5 Discharge of Baby or Mother	For as long as beds are available, the baby or mother of a sick mother or sick neonate shall be allowed to stay in the hospital until they can be discharged together

ISSUES

SELECTED OPTIONS

3. Standardization of Procedures for Feeding the Neonate

3.1 Giving of Colostrum

Colostrum must be given to all neonates

3.2 Giving of Breastmilk

Breastmilk must be given to all neonates who can tolerate oral feeding; breastmilk can be given by orogastric or nasogastric tube, by cup or by direct breastfeeding or by dropper

3.3 Giving of Foods Other than Breastmilk

Only vitamins can be given as food supplements. Special milk formula supplements may be added to breastmilk only for neonates with special clinical indications (see Definition of Terms)

3.4 Milk Banking (Philippine Style) (Facilities for Milk collection, storage, distribution and utilization)

Each hospital must be required to have adequate facilities for banking a "banked breastmilk" (EBM)

4. Milk Code Implementation

4.1 Stocking of Milk Formula in hospital (nursery or pharmacy, etc.)

No milk formula shall be kept on stock in the hospital; any necessary formula must be purchased by the patient outside the hospital if needed, emergency purchased

4.2 Use of Milk Formula

All milk formula shall be by prescription only; no formula prescription shall be made without the approval of the Chief of Pediatrics or his designate based on the medical indication for the neonates; the Chief of Pediatrics shall be responsible for ensuring the correctness of the indication for formula prescriptions

ISSUES

SELECTED OPTIONS

4.3 Use of Feeding Bottles, Artificial Teats and Pacifiers	None shall be allowed in the hospital newborn section (bedside, nursery, pharmacy, etc.)
4.4 Breastfeeding Education	
Staff training in BF	Each hospital must have at least one staff trained in Lactation management and neonatal care
BF education plan for parents	Hospital must prepare parent education plan starting at prenatal
BF education materials	MCHS to provide materials but hospitals may develop their own
Counselling	Special counselling sessions must be scheduled by best staff available for mothers at high risk of having problems in BF such as primigravidas, mothers who previously bottlefed, mothers who have problems with breastfeeding
4.5 Posters, Gifts, Samples from milk companies, solicitation for formulas	Continuing monitoring and documentation with administrative sanctions after due process

Definition of Terms

1. Well babies: Babies with Apgar score 7-10, usually term and terms older than 34 weeks gestational age, with no respiratory distress, asphyxia, severe congenital malformation, or other severe clinical problems.
2. Sick babies: Babies with apgar score below 7, usually preemies younger than 34 weeks gestational age, lighter than 2,000 grams and with severe or moderately severe medical problem such as respiratory distress, asphyxia, severe or life threatening congenital anomaly, etc.
3. Neonates needing temporary special milk formula supplements added to breastmilk. These are neonates which fail to gain weight for at least 4 weeks. They are often also premature or low birthweight babies, but not all preterms or LBW babies need special milk formula supplements. Special supplementation is only until the neonate reaches 2.5 grams. Do not forget to maintain good breastmilk production.
4. Expressed Breastmilk (EBM): Milk expressed from a lactating woman either manually or with the aid of breast pumps. EBM given to a neonate may be from its own mother or from another mother.
5. "Latching on": when a baby takes enough of the nipple and the areola into his mouth to form a "teat".
6. Second stage of labor: stage of labor from full dilatation of the cervix to expulsion of the baby.
7. Exclusive breastfeeding: giving only breastmilk and no other extra fluid during the first 4-6 months of life.
8. Pre-lacteal or Starter Formula: a formula feed which is given to a newborn soon after birth or before putting the newborn to the breast.
9. Wet Nursing: feeding a newborn from another mother's breast when its own mother cannot breastfeed.
10. Colostrum: first thick yellowish fluid which come out from the breast usually during the first 5 days after delivery containing antibodies and living white blood cells (leucocytes) which give immunity to the newborns against gastrointestinal and viral infections.

THE BREASTFEEDING PROMOTION PROGRAM 5-Year Strategic Plan

1. PROBLEM:

There is a declining trend in both the prevalence and duration of breastfeeding. A recent study by Popkin et al. analysed the data from the 1973 and 1983 National Demographic Surveys (NDS) of the Philippines which has nationally representative samples of married women drawn by multistage stratified cluster sampling. The results indicate a 5.4% overall decline in the proportion of infants ever breastfed during the ten year period (86.9% to 83.5%), with the downward trend more pronounced in urban than rural areas. There were decreases in duration among urban residents, women with husbands in modern occupations and women involved in market activities, but these decreases were offset by relatively large increases in the duration of lactation among rural residents, Visayan resident, women with 10 or more years of education, and women with traditional occupations.

In a local study conducted by Zablan, 1983, for the breastfeeding trends in the Philippines, it was noted that there was a decline in the breastfeeding duration from 12.3 months in 1973 to 9.6 months in 1983. In another study on breastfeeding trends in Metro Manila (Mayling, et al. 1986) of the 89% of mothers which initiated breastfeeding after delivery, only 79.5% after 1 month postpartum, 61% after 3 months, and 51% after 6 months postpartum were breastfeeding.

Most studies indicate that the likelihood of a child ever being breastfed have decreased. This decrease in breastfeeding initiation and decreases in the probability of breastfeeding early in the first year are of real concern, since the protective effects of breastfeeding against morbidity and mortality are greatest during infancy, and exclusive breastfeeding, in particular, serves to inhibit ovulation and thus fertility. For child survival efforts in the Philippines to be effective, breastfeeding must be vigorously promoted.

Successful promotion of breastfeeding is a complex multidimensional process involving expertise from many fields. Among the essential components of a successful promotional program are perinatal health care providers (physicians, nurses and midwives) who understand the complexities of lactation physiology and breastfeeding behaviors and can apply this knowledge to the clinical care of mothers and infants. Unfortunately very few providers are prepared for this responsibility.

This deficiency begins with the inadequate inclusion of the subject in the basic curricula of schools of medicine, nursing and midwifery and is perpetuated by lack of in-service education opportunities. Both deficiencies must be corrected if breastfeeding promotion efforts are to be successful and sustainable.

The following breastfeeding promotion plan is designed to provide a means of solving these problems.

2. PROGRAM GOAL AND OBJECTIVES:

Program Goal: To promote infant and maternal health through the promotion and protection of breastfeeding.

Objectives:

- a. To increase the percentage of mothers initiating breastfeeding from 80% in 1987 to 90% in 1997.
- b. To increase the percentage of children 6 months and below being purely breastfed in urban areas from 47% in 1987 to 60% in 1997 and in rural areas from 65% in 1987 to 85% in 1997.
- c. To increase the duration of breastfeeding among infants in urban areas from an average of 3 months in 1987 to 6 months in 1997 and in rural areas from an average of 9 months in 1987 to 12 months in 1997.

3. BASIC INTERVENTION AND TARGETS

3.1 Target

The program shall endeavor to reach the general public but shall focus its interventions to two (2) priority groups:

1. Mothers who are vulnerable to bottlefeeding practice such as the very young, illiterate mothers, working or studying mothers, unwed, separated mothers and malnourished sick mothers; and
2. Health providers who greatly influence feeding practices of infants such as the premature and low birth weight, primi babies, babies of high risk/complicated pregnancies, abandoned babies, etc.)

3.2 Basic Intervention

There shall be two (2) basic interventions for the breastfeeding promotion program:

3.2.1 Information, Education and Communication (IEC)

Substantial changes can be effected in the breastfeeding practice (initiation and duration) through IEC intervention. The challenge is to produce breastfeeding key messages that addressed the most pressing breastfeeding issues in tri-media forms. As such, this intervention shall include development of communication strategy, the actual production of materials and their dissemination.

100 -

3.2.2 Regulation of Marketing of Milk Formula and Related Products

The damaging effects of aggressive marketing of infant feeding substitutes cannot be over emphasized. Corresponding mechanism with which to regulate the marketing of breastmilk substitutes should be extensively developed together with the private sectors (i.e. consumer groups). Sanctions and penalties shall be applied where positive incentives fail.

3.3 Basic Standards for _____

3.3.1 For RHUs/BHS

The midwife shall be the focal person in the RHU/BHS in providing a continuum of services to mothers. These are the following:

- * Prenatal Guidance shall include
 - breast examination and treatment of breast/nipple abnormalities (i.e. flat nipple, inverted nipple)
 - provision of non-commercial patient education materials on breastfeeding
 - breastfeeding classes for expectant parents (mother and father) on nursing techniques, maternal nutrition and activities and family adjustments and interrelationships
- * Postpartum Assistance shall include
 - latching on the baby to the breast 30 minutes after delivery
 - application of breast massages/exercises to induce milk production/ejection
 - treatment of breast problems (i.e. sore nipples, mastitis, engorgement, etc.)

3.3.2 For hospital

- * allowing first nursing of newborns to occur immediately after delivery (30 minutes for normal delivery; 3-4 hours for caesarian)
- * selective use of analgesic, anesthetics and other medications to ensure successful lactation
- * babies and mothers rooming-in together on a 24 hour basis
- * no use of prelacteals, supplements, starter formulas, artificial teats or pacifiers
- * discharge criteria to include successful breast feeding
- * trained staff to support mother through all stages of labor and up to puerperium and discharge

4. COMPONENTS

4.1 Input Components

- * Training: There is an underlying need to improve lactation management and breastfeeding promotion through a practical training and education program for both the health professionals and the mothers. Four (4) training courses shall be developed in answer to this need.

- 4.1.1 Lactation Management Course
- 4.1.2 Code Monitoring Course
- 4.1.3 Core Trainers Course.
- 4.1.4 Counsellors Course for Successful Mother Counselling

- * Lactation Management Course:

The lactation management training course shall adopt the team approach. It is designed to provide teams of perinatal health care professionals, namely hospital administrators, doctors, nurses and midwives, with scientific updates and clinical skills necessary for the implementation of successful hospital lactation programs. The emphasis shall be on the scientific and practical aspects of breastfeeding and lactation management. In addition, technical updates on lactation problems of high risk and other special groups of patients who seek service at hospitals and maternity clinics shall be included. This course, patterned after the Wellstart education and training course, will basically involve educating core teams from key hospitals who then train their own staff and develop model lactation management and breastfeeding promotion programs in their own hospitals.

Code Monitoring Course

The Philippine Milk Code was adopted into law in 1986. However, despite its passage, certain companies continue to actively promote the use of breastmilk substitutes. Mechanism for successful milk code implementation was widely explored. One key factor which surfaced was the educational and advocacy activities related to the Code. In consonance with this is the Code Monitoring Course for heads and middle managers of consumer groups and the regional health coordinators in CDD, USC, MCH, ARI, EPI and BF/Milk Code.

This course shall provide them with the necessary skills to monitor code compliance at different levels: health facilities (hospitals and RHU/BHS), supermarkets, retail stores and community.

Core Trainers Course:

A core of trainers shall be trained on the scientific and practical aspects of lactation management and breastfeeding. At the end of the course, participants will be expected to be equipped with adequate knowledge and skills to train their staff and others in health management at all levels of the health system (region, province, district and municipal). The participants for this course shall be selected according to the following criteria:

- a) by function (training office/coordinator)
- b) by track record of good training skills

Counsellors Course for Successful Mother Counselling:

This course is primarily intended for breastfeeding RHMs and BHWs who shall be the pivotal persons counselling the mothers at the community level. The participants are expected to be able to provide adequate health education advice for mothers, provide support and instruction on how to initiate and maintain breastfeeding and manage problems encountered through outreach services or home visits.

* Information Education Communication (IEC)

The general public and the mothers in particular shall be provided with adequate information on breastfeeding. Basic breastfeeding messages shall be developed. These messages shall include the following:

- Immediate breastfeeding within 30 minutes after delivery
- Exclusive breastfeeding for the first 4-6 months
- Giving of colostrum
- Continuation of breastfeeding for as long as possible
- Working/studying mothers to give expressed breastmilk when at work/school
- Start supplementation when baby is not gaining weight on breastmilk alone by 4-6 months
- Give nutritious food in multimixes as weaning foods

The tri-media shall be used as the mediums in diffusing the breastfeeding messages. Care should be taken that messages transmitted are coherent and consistent in the tri-media. Likewise, this endeavor should be coordinated with proper channels to assure an intensive as well as extensive coverage.

* Supervision, Monitoring and Evaluation

The internal supervision, monitoring and evaluation system shall include the following:

- a) Prevalence survey on exclusive breastfeeding and breastfeeding duration every 3 years.
- b) Report on breastfeeding activities/accomplishments every quarter by region.
- c) Annual field visits of health care facilities on Milk Code implementation/breastfeeding promotion.
- d) Annual forum among all members of the breastfeeding/Milk Code task force to assess performance and institute remedial measures/modifications.

4.2 Support Components

The initial efforts in mobilizing other GOs and NGOs in the promotion of breastfeeding shall be continued. Improved coordination and expanded collaboration specifically with consumer and professional groups shall be strengthened. Whenever possible DOH shall complement private sector efforts in breastfeeding promotion (i.e., DOH shall provide trainings on Milk Code monitoring and consumer groups shall mobilize their networks to monitor Milk Code compliance).

Essentially, research and evaluation activities shall focus on operational researches necessary during program development and implementation. They include, for example, studies of:

- a) cost-savings and effectiveness of lactation management rooming-in
- b) audience and message research for IEC materials (specifically on weaning foods) and
- c) breastfeeding continuation rates

5. PHASES AND ACTIVITIES

The breastfeeding promotion program will be developed in three phases during the first five years:

Phase One : Developmental Stage (1990)

- Drafting of the breastfeeding promotion plan including IEC plan and training plan

- Development of materials in support to the plans formulated
- Continuation of the conduct of the lactation management courses for health providers
- Strengthening of Milk Code implementation through the establishment of a stronger linkage with consumer groups and other NGOs on improved code monitoring
- Continuation of the regulatory activities on marketing of breastmilk substitutes

Phase Two: Execution and Acceleration Stage (1991-1993)

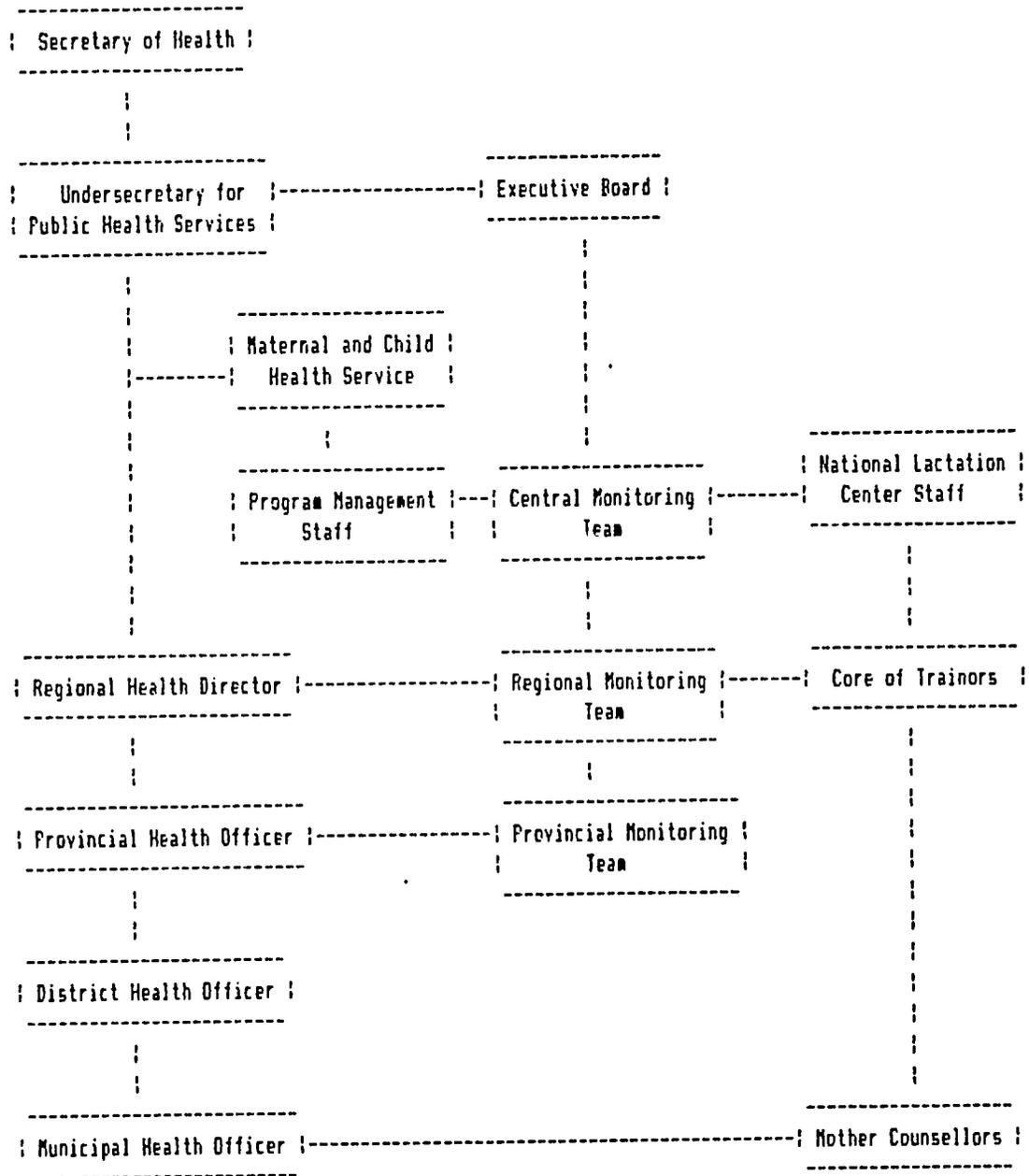
- Provision of basic information, materials, counselling and services on lactation management, rooming-in, etc.
- Establishment of Lactation Training Centers at national and subnational levels
- Conduct of trainings:
 - * Training of core teams of perinatal health care providers from Metro Manila, regional, provincial and district hospitals on basic lactation management course
 - * Training of core of trainers from every region who shall provide breastfeeding promotion training for public health staff
 - * Training of heads and middle managers of consumer groups: and regional coordinators of CDD, MCH, EPI and ARI on code monitoring to further strengthen milk code compliance
 - * Training of breastfeeding counsellors (breastfeeding RHMs/BHWs) at the grassroot levels who shall provide the mothers and its support system with breastfeeding guidance.
- Coordination and integration of community level trainings with other mother and child health care training activities taking place in the area. This would contribute to a more integrated, cost effective training approach.
- Organization of basic information and teaching resource units which will support the training activities of the program
- Organization of operational research projects which shall be utilized for strengthening/improvement of program implementation

Phase Three: Evaluation and Institutionalization Stage (1994)

- Design and implementation of a system for evaluating the breastfeeding promotion program including essential activities related to baseline data collection, program monitoring and final evaluation
- Institutionalization of the breastfeeding activities, interventions at both public health and hospital facilities

6. ORGANIZATION AND FUNCTIONS

6.1 Organizational Structure



1990 OPERATIONS

The breastfeeding promotion program shall concentrate its efforts towards the following:

1. Development of breastfeeding as a vertical program.
2. Development of IEC materials in support to the breastfeeding plan
3. Adjustment and continuation of breastfeeding activities (i.e. training of health professionals, and Milk Code implementation)

Development of Breastfeeding as a Vertical Program

Policymakers have often been as poorly informed as the public at large about the importance of infant and young child feeding and the problems associated with it. As such, breastfeeding was only considered as an activity of the maternal and child care program. It is important that this practice be halted. Breastfeeding must be brought back as the norm of infant feeding. This can be achieved by elevating breastfeeding as a vertical program of the Department of Health.

Development of IEC Materials

Infant and young child feeding practices are essentially learned and can be influenced. How and to what degree practices are adopted depends on the information available about them.

Messages concerning infant and young child feeding should be consistent from one sector to another and from one population group to another. These messages should be set within the context of overall maternal and child health practices and existing national breastfeeding legislations and policies.

Information materials must be directed to men as well as women in order to enable them to assume their supportive responsibilities. Moreover, materials developed should project a positive image of breastfeeding women. The mass media in tri-media forms shall be extensively and pervasively utilized.

Adjustment and Continuation of Breastfeeding Activities

This essentially consists of training health care providers and Milk Code implementation.

With a few recent exceptions, the subject of breastfeeding has been neglected in the training of health workers at all levels, and in general they have been ill prepared to advise the mothers and the public on the subject. This situation needs to be improved and changed.

A National Lactation Training Center shall be established for the purpose of improving lactation management and breastfeeding promotion by health care providers and

6.2.3 Program Management Staff (PMS)

The Program Management Staff shall coordinate the implementation of the breastfeeding promotion plan as well as provide technical support to the Executive Board. The PMS shall prepare reports, plans and other technical papers required of the program. The PMS staff shall be composed of a Medical Specialist and a Senior Health Program Officer (plantilla position) together with contractual personnel which include a Milk Code Coordinator, lawyer, program officers and a computer operator.

6.2.4 National Lactation Center Staff (NLCS)

Since one of the major thrust of the breastfeeding promotion program is the systematic effort to improve lactation management of health providers, a National Lactation Center Staff shall be created to manage the National Lactation Center at Jose Fabella Memorial Hospital. Specifically, the NLCS shall provide clinical service delivery, information and learning support, training and research. The NLCS include 4 physicians, 4 nurses, and 4 midwives as well as clerical and support staff. A Center Director shall head the Lactation Training Center.

6.2.5 Core of Trainers

Selected regional staff shall compose the Core of Trainers who shall train public health staff (region, province, district and municipality) on breastfeeding and lactation management.

6.2.6 Mother Counsellors

At the community level, successful breastfeeding midwives and BHWs shall be trained to deliver counselling services to mothers and their support groups.

6.2 Functions and Composition

6.2.1 Executive Board

An Executive Board shall be created to provide policy directions and guidelines for the breastfeeding promotion program as well as provide feedback reports to the Secretary of Health. The Board will be chaired by the Undersecretary for Public Health Services and composed of the Chief of Hospital Operations and Management Services, Chief of Maternal and Child Health Service, heads of selected professional groups (i.e., PPS, POGS, IMAP, PNA, PAN) and union president of consumer groups federation.

6.2.2 Monitoring Team

Monitoring teams at three levels (national, regional, and provincial levels) shall be created to conduct internal monitoring and evaluation of the breastfeeding promotion program in both public health and hospital facilities. The monitoring teams shall be composed of the following:

Central Level:

Chairman - Assistant Secretary for Public Health
Members - Representatives from various services of public health: MCH, Family Planning, Nutrition,
- Representatives from consumer and professional groups

Regional Level:

Chairman - Assistant Regional Health Director
Members - Regional Coordinators of MCH, USC, CDD, EPI, BF and ARI
- Representatives from consumer and professional groups

Provincial Level:

Chairman - Assistant Provincial Health Officer
Members - Provincial Coordinators of MCH, USC, CDD, EPI, BF and ARI
- Representatives from consumer and professional groups

institutions. The heart of the center's program is training. Approximately four lactation training courses shall be offered annually. These courses shall consist of lectures/didactics as well as wet clinics/ward work.

The marketing and distribution of breastmilk substitutes is pervading all segments of the population both in urban and rural areas. This situation calls for the vigorous implementation of the Milk Code.

The stress for milk code implementation shall be in intensifying coordination with NGOs (specifically consumer groups) for the mobilization of the necessary resources for the promotion and monitoring of the code. In addition, additional legislations shall be worked out to include the following: involvement of DECS in Milk Code Implementation, sanctions for ad agencies and media companies, breastmilk substitutes be placed on prescription and breastmilk substitutes be available only through health care systems.

ACTIVITY FRAMEWORK

ACTIVITY	TIME FRAME											
	1	2	3	4	5	6	7	8	9	10	11	12
I. Development of Breastfeeding as a Vertical Program												
1. Drafting and presentation of the breastfeeding plan to the Executive Committee	----->											
2. Hiring of additional staff		----->										
3. Basic orientation of DOH personnel on the breastfeeding program		----->										
4. Procurement of equipments/supplies			----->			----->			----->		----->	
II. Development of IEC Materials												
1. Inventory and review of existing IEC materials			----->									
2. Development of new IEC				----->								
* BF Basic Messages (in tri-media)												
* Milk Code Primer (in Tagalog, English and leading vernacular)												
* Training Modules												
- Lactation Management Course												
- Code Monitoring Course												
- Core of Trainers Course												
- Counsellors Course												
III. Adjustment and Continuation of On-going BF Activities												
1. Development of Lactation Training Course												
1.1 Memo of understanding signed		----->										
1.2 Selection/hiring of Center Staff		----->										
1.3 Staff Development of Existing Personnel												
* LMET at Wellstart for core faculty			----->					----->				
* Fellowship at Wellstart			----->					----->				
1.4 Conduct of lactation training courses			----->		----->		----->			----->		

BUDGET

ACTIVITY	C O S T			
	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
1. Development of Breastfeeding as a Vertical Program				
1.1 Hiring of breastfeeding personnel				
A. Plantilla Positions				
† Medical Specialist P7,478 per month	22,438	22,438	22,438	29,912
† Senior Health Program Officer P5,670 per month	17,010	17,010	17,010	22,680
† Clerk-Typist P2,156 per month	6,468	6,468	6,468	8,624
† Driver-Messenger P2,156 per month	6,468	6,468	6,468	6,468
B. Contractual Positions				
† BF/Milk Code Coordinator P9,800 per month	29,400	29,400	29,400	39,200
† Lawyer P9,800 per month	29,400	29,400	29,400	39,200
† Senior Program Officer P7,400 per month	22,200	22,200	22,200	29,600
† Program Officer P5,800 per month	17,400	17,400	17,400	23,200
† Computer Operator P5,800 per month	17,400	17,400	17,400	23,200
1.2 Basic Orientation of DOH Personnel (Central Level) on BF Program				
† Coordinative Meetings P5,000 per meeting	5,000	10,000		
1.3 Procurement of office supplies/equipments				
† Computer: IBM Personal System/2 Model 70-386 with 3 disk drive and IBM printer, image writer	125,000			
† Copier: Canon NP-1215 Plain Paper Copier	41,309			
† TV/VCR: Sharp 18S11-A21B" 21 system solar remote control colour TV	10,036			
Sharp VC-A 105W HQ VHS remote control colour video cassette recorder, PAL-1 system	6,994			
† Camera: Nikon F-501 35 mm Autofocus SLR	8,624			
† Typewriter: Canon S-15 Electronic personal typewriter, 9 1/2" carriage	5,960			
† Office Supplies: (copy paper, stenci), pen, etc.)	10,000	10,000	10,000	10,000

ACTIVITY	C O S T			
	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
2. Development of IEC Materials				
2.1 Inventory and review of existing IEC materials				
† transportation : P2,000	2,000			
† Procurement of materials: P5,000	5,000			
2.2 Development of new IEC				
† BF Basic Messages (tri-media)				
- drafting, pretesting and revision				
Handbook - P30,000		30,000		
Poster - P30,000		30,000		
Radio jingle/spot - P50,000		50,000		
VTR - P75,000		75,000		
- Production				
Handbook - 5,000 copies @ P50				250,000
Poster - 10,000 copies @ P10				100,000
Radio Jingle/Spot - 1,000 copies @ P30				30,000
VTR - 100 copies @ P200				20,000
† Milk Code Primer				
- drafting, pretesting and revision - P40,000		40,000		
- production: P30 per primer				300,000
English - 5,000 copies				
Tagalog - 1,000 copies				
Cebuano - 1,000 copies				
Ilocano - 1,000 copies				
Bicol - 1,000 copies				
Ilonggo - 1,000 copies				
† Training Modules				
- drafting, pretesting and revision				
4 training modules @ P30,000		120,000		
- production				200,000
1,000 copies x P50/ training manual x 4 trainings				

ACTIVITY	C O S T			
	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
3. Adjustment and Continuation of On-going BF Activities				
A. 3.1 Hiring of Center Staff				
* Plantilla Staff at JFMM (charged to JFMM)				
- Center Director				
- Deputy Director				
- Information and Research Coordinator				
- Clinical Service Coordinator				
- Training Coordinator				
- Administrative Officer				
- Administrative Support Staff				
- Librarian				
† Contractual Staff				
- Resident Adviser (charged to sending agency)				
- Health Researcher P5,800 per month		17,400	17,400	23,200
- Statistician P5,800 per month		17,400	17,400	23,200
3.2 Procurement of Equipments and Supplies				
* Computer:			125,000	
IBM Personal System/2 Model 70-386 with 3 disk drive and IBM printer, image writer				
* Copier:			41,309	
Canon NP-1215 Plain Paper Copier				
* TV/VCR:			10,036	
Sharp BS11-A218" 21 system solar remote control colour TV				
Sharp VC-A 105W HD VHS Remote control colour video cassette recorder, PAL-/system			6,994	
* Typewriter:			5,957	
Canon S-15 electronic personal typewriter, 0 1/2" carriage				
* Slide projector:				
Kodak carousel S-AV 1050 35 mm			9,266	
Kodak carousel S-AV1010 35 mm			5,777	
Carousel slide tray = P285 x 3			850	
4 M remote control = P325 x 2			650	
* Overhead projector:				
3 M 088 portable			12,168	
3 M 999 desktop			5,231	
* Movie Projector:			30,000	
Elmo 16-A1 Seires 16 mm				
Sound movie projector				

ACTIVITY	C O S T			
	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
‡ Stencil Duplicator: Roneo Alcatel 290 electric stencil duplicator			18,000	
‡ Recorder: Sony AMFM Band:			3,000	
Sony RM - 820 micro cassette desktop dictator/transcriber			8,232	
‡ Supplies: (xerox paper, computer paper, tapes, etc.)		10,000	10,000	10,000
3.3 Lactation Training Course at the Center				
‡ Training stipend P350 x 5 days x 25 persons/ training course	43,750	43,750	43,750	43,750
‡ Travel expenses P2,500/person x 25 persons/ training course	62,500	62,500	62,500	
‡ Training Supplies: P200/person x 25 persons/ training course	5,000	5,000	5,000	5,000
‡ Documentation: P5,000/training course	5,000	5,000	5,000	5,000
3.4 Fellowship Training at Wellstart (charged to Wellstart/USAID Washington)				
B. 3.5 Screening of Ads/Sponsorships				
- Coordinative Meetings (IAC Members) P1,000/meeting/month x 12 mos.	3,000	3,000	3,000	3,000
- Honoraria for IAC members P1,000/month x 5 members	15,000	15,000	15,000	15,000
- Gasoline/Postage expenses: P1,500 per month	4,500	4,500	4,500	4,500
- Continuing Dialogues with Milk Companies/Ad Agencies P100/person x 30 persons/dialogue	3,000	3,000	3,000	3,000
3.6 Establish linkage with NGOs - and other partners				
‡ Consultative meetings/dialogues P100 x 10 persons/dialogue	1,000	1,000	1,000	1,000
3.7 Tri-media Surveillance				
‡ Subscription of newspaper/ magazines newspaper - 8 @ P1,200/year	9,600			
magazines - 4 @ P600/year	2,400			
3.8 Monitoring				
‡ Travel expenses: P2,500 x 2 persons/travel	15,000	20,000	20,000	10,000
‡ Per Diem: P350 x 2 persons x 5 days	10,500	14,000	14,000	7,000
‡ Supplies and Documentation P2,000/trip	6,000	8,000	8,000	4,000

ACTIVITY	C O S T			
	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
4. Audience and Message Research on Weaning				
4.1 Drafting of research protocol/ instruments	10,000			
4.2 Conduct of Research				
‡ Transportation: P1,000/month	3,000	3,000	3,000	
‡ Supplies/Materials: P20,000		20,000		
‡ Enumerators: P100 x 3 persons x 5 days	1,500			
‡ Miscellaneous		5,000		
4.3 Documentation : Computerization			30,000	
TOTAL	588,856	790,734	723,204	1,289,734
GRAND TOTAL	3,392,528 =====			

5, Program report
 Annual Quantitative w/s
 Area Conference - 3/88
 ABCD Interference

THE BREASTFEEDING PROMOTION PROGRAM

ISSUES/PROBLEMS	INTERVENTION
1. No recognized vertical program on breastfeeding 1.1 Insufficient administrative support * manpower * money * materials	1. Development of Breastfeeding Promotion Program 1.1 Drafting and presentation of plan to the Executive Committee for approval 1.2 Hiring of additional staff
2. Lack of general awareness on breastfeeding 2.1 Poor targetting/no focus * family ignorance	2. Development of Social Marketing Plan 2.1A Social mobilization of political, religious, civic, consumer and community groups (coordinate with NMPB) 2.1B Health Education * identify target audience and needs * development of tools/guidelines for health education, production and dissemination * training for workers who would provide health education (i.e. core trainers from DOH)
2.2 Poor dissemination and utilization	2.2 Mass media approaches - utilization of trimedia (to include film) in breastfeeding program > mobilize movie screen personalities
2.3 No coordination among other services within DOH and outside DOH	2.3 Regular coordinating meeting among MCH programs relating to breastfeeding
2.4 Inadequate IEC materials	2.4 Development of IEC materials * inventory and review of existing materials * development of new IEC materials and revision of old ones * development of distribution/dissemination scheme * monitoring and evaluation
	2.5 Organization of a resource learning center

ISSUES/PROBLEMS	INTERVENTION
<p>3. Inappropriate practices of health care providers</p> <p>3.1 Inadequate knowledge, skills and attitude of prospective health workers</p>	<p>3. Improve Lactation Management and Breastfeeding Promotion by health care providers and institutions</p> <p>3.1 Development of a Lactation Management Training Center</p> <ul style="list-style-type: none"> * training courses on LMET * model LHP in hospital <ul style="list-style-type: none"> - rooming-in - human milk bank facilities * learning resource unit * information/research/evaluation <p>3.2 Review/revise and strengthen curricula on breastfeeding and lactation management in schools of medicines, nursing, midwifery and nutrition-dietetics</p> <ul style="list-style-type: none"> * formation of an IAC to oversee implementation * formation of task groups <ul style="list-style-type: none"> - revision of curricula - implementation, monitoring and evaluation <p>3.3 Enhance existing hospital/ maternity center policies promotive of breastfeeding</p> <ul style="list-style-type: none"> * formulation of specific guidelines * training for implementation
<p>4. Aggressive marketing practices</p> <p>4.1 Poor system on monitoring of Milk Code compliance</p>	<p>4. Strengthening Milk Code Implementation and Monitoring</p> <p>4.1 Monitoring of Milk Code implementation</p> <ul style="list-style-type: none"> * formulation of monitoring scheme <ul style="list-style-type: none"> > guidelines > checklist * training on code monitoring <ul style="list-style-type: none"> > health workers (Regional Coordinators of CDD, USC, EPI, MCH, BF, ARI) > consumer groups * tri-media surveillance (through NGO involvement) * formation of special monitoring teams (central level) for the regular follow-up visits * coordination with licensure in the monitoring of Milk Code in private hospitals. * formation of breastfeeding coordinator and task forces in the regions (composed of CDD, MCH, USC coordinators)

LACTATION PROGRAM PLAN IN HOSPITAL N 4 "LCA"

IMSS, MEXICO CITY

I.E. CISNEROS, MD

H.G. REGALADO, MD

August 17,1990

1. Background

A. Current situation

Mexico has an area of 2000 million square kilometers, which includes the coastline of Mexico, running between the Pacific Ocean, Gulf of Mexico and Atlantic Ocean. The country is divided into 31 states and the capital, which is a federal state and is located in the central area of the country.

Mexico is a democratic country, our history began about 1000 years ago, the ancient civilizations flourished in the central and the southeast areas. In the 16th century, the Spanish came in 1521 under Hernan Cortes and ruled the country until 1810, when independence was won.

Population - Mexico has a growth rate of 2.3% per annum. The total population as estimated in the last census performed in March 1990, is about 85 million. We expect it to be 115 million at the end of this century if the growth rate decreases to 1.9% per annum.

People and Language - Mexico is almost culturally homogeneous being Catholic about 75% but there are other religions, Christians, Jewish, etc. The national language is Spanish, but English and French are extensively used on colleges, official and commercial circles; there are also several Indian languages.

Economy - the per capita income is about 130 dollar USA a month. In the last decade, Mexico has had high inflation to about 180% per annum, and it has decreased in the last 18 months to about 15% per annum. The main income in the country is oil; it is a national wealth, however, agriculture has been decreased until now.

Health System - Mexico has the major health institutions which are: Ministry of Health (SS) for poor people; the Mexican Social Security Institute (IMSS) for everyone who has a job ISSSTE for government employees and several private hospitals.

Mexico City is the capital of the country, it has about 20 million people Hospital "Luis Castelago Ayala" N 4 IMSS has 400 beds, about 20000 deliveries a year, and 40-60 deliveries a day. We have about 15% of premature babies.

There was not a former lactation program last year, in the premature care unit. We began a breastfeeding program and until now, 400 babies have been included.

B. Problem

Poor motivation for exclusive breastfeeding mothers after delivery, perhaps less than 25% and a further decrease in exclusive breastfeeding mothers on return home.

2. Goal and Objectives

A. Goal

At the end of one year, have at least 50% of exclusive breastfeeding mothers on return home from hospital.

B. Objectives

Immediate objectives within 6 months - 1 year:

1. Conduct a baseline study in-hospital about breastfeeding prevalence.
2. Form a staff training team with a neonatologist, a perinatologist, an obstetrician, a pediatrician, 2 nurses, a nutritionist and social worker to assist in initiation of the lactation program.
3. Train general hospital personnel: about 40 pediatricians, 50 obstetricians, 100 nurses, 10 social workers, 10 nutritionists, training in lactation management for 2 hours during 2-3 sessions.
4. Change the policy of the hospital about breastfeeding and decrease bottle feeding of babies during hospital stay and on return home.
5. Prenatal training of mothers by the staff team program by nurses, obstetricians, pediatricians, nutritionist and perinatologist.
6. Initiation of breastfeeding in delivery room in full term healthy babies by nurses, pediatricians, in Caesarean sections as soon as possible within six hours post Caesarean, if there are no complications in mother or child.
7. Rooming-in for all full term healthy babies including Caesarean section babies.
8. Post-natal training of mothers in order to support breastfeeding by pediatricians, nurses, social worker and nutritionist.
9. Enlarge the human milk bank for premature or intermediate and intensive neonatal care units.

C. Later Objective

Lactation programs for all maternity hospitals of the Mexican Social Security Institute in Mexico City as well as outside the city (perhaps all the country).

3. Strategies and Activities

A. Lactation education and training

The lactation program team as a teaching staff.

1. Training for authorities of the hospital, hospital general personnel (obstetricians, pediatricians, nurses, nutritionist, social workers, etc) by lectures, seminars, discussions, clinical cases and clinical experiences.
2. Mothers or couples
 - a. Prenatal training of mothers in outpatient consults, encouragement and counselling at least three times during pregnancy.

- b. Postnatal training of mothers to encourage on return home by lecture discussions pamphlets in one or two sessions during hospital stay.

B. Clinical Service

- 1. Changes planned in lactation management policy and procedures within the hospital.

- a. Initiation of breastfeeding in delivery room in healthy babies (full term).
- b. In Caesarean sections, at least six hours after delivery, or as soon as possible in the first eight hours post Caesarean by pediatricians and nurses.
- c. Rooming-in for all full term healthy babies including Caesarean sections. The nurses must be trained in this service and also pediatricians.

- C. Breastfeeding promotion and mother education activities planned within the hospital by pamphlets, posters, lectures, etc.

- D. Community breastfeeding promotion as a general education by pamphlets, information and posters.

4. Organization and Staff

A. Organization involved in the program

- 1. Staff team training and discussion of the formal lactation program, part time (four hours a day) by lectures, discussions, clinical experiences, research and carry out prevalence study of breastfeeding.

- 2. Roles of each and how their activities will be coordinated

Coordinator - will be a neonatologist

Prenatal Training of mothers by obstetricians, pediatricians, nurses, nutritionist by lectures, counselling pamphlets

Delivery Room - Initiation of breastfeeding by nurse, pediatrician of base hospital personnel

Post-natal training of mothers by pediatricians, nurses, social worker and nutritionist

Rooming-in - attend by pediatricians, nurses of base hospital personnel

5. Evaluation

Evaluations will be done each month during one year of the program.

- A. Test pre and post training of general hospital personnel
- B. Number and percentage of women who plan to initiate breastfeeding
- C. Number and percentage of pregnant women who receive prenatal training

- D. Number and percentage of mothers who receive post-natal training
 - E. Number and percentage of newborns who initiate breastfeeding in delivery room
 - F. Number and percentage of babies in rooming-in
 - G. Conduct a study of a group of exclusively breastfeeding babies taking weight, height, head circumference, infections, disease (diarrhea) each month during the first year of life.
6. Budget
- A. Resources we already have:
Installation, patients (mothers/children), human resources, teaching materials.
 - B. Resources we will need:
office, human resources, full-time staff
teaching materials: videos, slides, pamphlets, books, magazines
other material: pumps, finger gloves, dental syringes, infant length board, pediatric scale, nipple pumps, stethoscopes, sphygmomanometer
office supplies and equipment: typewriter, desk, chairs, pencils, pens, etc.
 - D. Sources and Income: Sources will be provided by Mexican Social Security Institute, and teaching materials by Wellstart, also supervision of the lactation program by Wellstart.

7. Summary

The problem is a low motivation for exclusive breastfeeding mothers after delivery, perhaps less than 25% and a further decrease in exclusive breastfeeding mothers on return home. In the first year of lactation program the goal is to have at least 50% of exclusive breastfeeding mothers on return home.

Objectives: To form a staff training team and train general hospital personnel; prenatal and postnatal training of mothers and initiation of breastfeeding in delivery room; rooming-in for all full term healthy babies including Caesarean section babies; enlargement of human milk bank for premature infants, intermediate and intensive neonatal care units.

Activities: Breastfeeding, promotion and mother education activities, also commonly breastfeeding promotion.

Advantages:

1. Reduction of hospital stay
2. Reduction of infant infection, diseases (diarrhea)
3. Better spacing of child births
4. Reduction of expenses and savings in hospital budget: in buying cow's milk, cost of bottles, cost of electricity, cost of water, cost of nipples, cost of diapers, cost of bassinets, etc.

PROBLEM

LOW LEVEL EDUCATION OF
BF IN COMMUNITIES

LOW LEVEL OF KNOWLEDGE OF
BF IN HEALTH PROFESSIONALS
(PHYSICIANS NURSES ETC.)

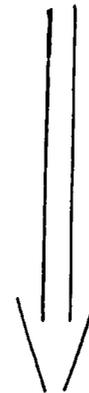
POOR SUPPORT OF BF
IN THE FAMILY

INCREASE OF WORKING
MOTHERS

EARLY DISCHARGE OF
NORMAL DELIVERIES
(6-12 HOURS) AND
CESAREA SECTION (3 DAYS)

EXTENSIVE AND STRONG
SUPPORT FOR BOTTLE
FEEDING

POOR MOTIVATION IN
EXCLUSIVE BF
MOTHERS AFTER
DELIVERIES



FURTHER DECREASE IN
EXCLUSIVE BF ON
RETURN HOME

**A PROGRAM TO IMPROVE BREASTFEEDING PROMOTION
IN WEST JAVA, INDONESIA**

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I BACKGROUND

Despite progress in other areas of child survival, improper practices contribute to the morbidity and mortality of millions of infants in the developing world each year. And yet, appropriate breastfeeding is one of the most cost-effective means of ensuring child survival (Pielemcier, 1990). So in this context, I feel so happy that my training in Wellstart's Lactation Management Education (LME) Program in 1983 initiated my involvement in breastfeeding promotion.

Since then, some activities that have been undertaken include:

- Providing health care providers with information on the scientific aspects of human lactation and its applications in the care for breastfeeding mothers and babies through seminars, workshops, and lectures for the specialists-to-be (post-graduates), medical students (undergraduates), nurses, and the non-medical community.
- Development of Hasan Sadikin Hospital's Lactation Management Team (LMT). This LMT consists of two Wellstart alumni (one pediatrician and one midwife), a nutritionist (the Head of Hospital Nutrition Installation), and the Head of Hospital Family Planning Service (a midwife), patronized by the Director of the Hospital and Head of the Obstetric and Pediatric Departments. The existence of a nutritionist on the team makes it possible to provide food for the lactating mothers who room-in with their sick children. In December 1989, Dr. Sofie Rifayani-Krisnadi (an obstetrician of Hasan Sadikin Hospital who was appointed as the new member of LMT) joined the training at Wellstart. Her addition to the existing LMT should improve matters, especially regarding the "mother zone" (prenatal counseling and immediate postpartum nursing in the delivery room). Prior to her training, a program plan had been made (please see Annex 1).
- Development of teaching aids (made slides, translated the lectures and manual provided by Wellstart). Now there are ± 500 slides for breastfeeding promotion adapted to Indonesian situations and language.
- Trained staff of all eleven type C hospitals in West Java to be Regional LMTs (during 1988-1989). Now there are ± 79 type C hospitals in Indonesia, of which 11 hospitals are located in West Java province. One type C hospital is located in each Regency, and provides at least four specialty services, i.e., surgery, internal medicine, Obstetrics/Gynecology, and Pediatrics. The newly trained Regency LMT's consist of a total of 11 obstetricians, 11 pediatricians, 11 nurses, and three Senior Clinical Instructors of the Nursing School.

Hasan Sadikin Hospital

Hasan Sadikin Hospital is the top referral hospital for West Java and a teaching hospital for Medical Faculty-Universiti; of Padjadjaran and the nursing schools.

The annual deliveries are 4,000 ($\pm 10\%$ caesarean section deliveries), 14-20% low birth weight babies, only 25% are booked cases and $\pm 25\%$ are high risk pregnancies. Around 90% of the patients are from low and mid socioeconomic levels. Rooming-in has been implemented since 1977.

The breastfeeding rate for normal deliveries is high, but the rate for high risk neonates (in the nursery and in the neonatal intensive care unit) is very low.

The Medical Faculty of Padjadjaran

The course of study in this faculty lasts for 12 semesters (six years). The Faculty has ±26 departments.

The Pediatric Department has two opportunities to meet the medical students: the fourth semester (lectures only, over 100-150 students) and the eighth semester (lectures, tutorship, case study in the clinic, small groups in the pediatric ward, consisting of 15-20 students).

After improving Hasan Sadikin Hospital's services in breastfeeding, it is hoped that by having seen the consistency between theories and practices, this Faculty will produce knowledgeable health care providers in breastfeeding management.

Wellstart Alumni

Now Indonesia has ±40 Wellstart alumni (also called Indonesian LMT) spread through several provinces. Most of them work in teaching hospitals in the capital of the province. Usually in each teaching hospital there is one LMT which consists of an obstetrician, a pediatrician, and a nurse or midwife, and they become the Regional LMT.

Natural selection, environmental factors, and experiences have led these alumni to variations of activities and preferences. As most of the alumni are also leaders/members of PERINASIA (Indonesian Society for Perinatology) and BKPPASI (Working Body for Promotion of Breastfeeding) and some are key persons in the Department of Health, they have a strong potential to work as one group leading the breastfeeding promotion, especially in teaching aspects. The first alumni meeting was in Jakarta in December 1987, initiated by PERINASIA. In this meeting, the idea of "helping each other" in training Regional/Type C LMTs was established, which can be seen in Annex 2.

Dr. Suroto-Hamzah developed pre and post test questions which are used for training in Bandung, Aceh, and Bali.

Translating the book "Protecting, Promoting, and Supporting Breastfeeding: The Special Role of Maternity Services," published by WHO/UNICEF has been one of the joint activities.

In May 1990 (Cianjur, West Java), PERINASIA, Department of Health (National Section for Education), and the alumni held a meeting for developing curriculum on breastfeeding management for the nursing schools in Indonesia.

Dr. Suharnoto (December 1989 alumni, from the Department of Health - Jakarta, Directorate of Hospitals, Teaching Hospitals, and Private Hospitals) has planned four LMT training sessions, which are to be held in Bandung, Jakarta, Semarang, and Bali. Funds for this have been released by the Department of Health. Please see Annex 2.

Problems

Some of the problems identified were:

1. Cooperation between obstetrics and pediatrics departments regarding breastfeeding practice is not optimal.
2. In the Pediatric Department, teaching on breastfeeding is given by the Subdivision of Nutrition, but the services are under the supervision of the Subdivision of Perinatology. Coordination between these two subdivisions is not always easy.
3. Indonesia has 27 provinces, but not every province has its own "Regional LMT." So training Regional LMTs should be done by other Regional LMTs (provincial level) in order to cover more populations.
4. A lot of material provided by Wellstart is very useful and informative. These materials are spread out and difficult to find, but the medical and non-medical communities need it. We need to constantly inform people about all aspects and recent knowledge about breastfeeding.

Having been granted an Advanced Study Fellowship I now have the chance to work further and improve my program. Based on my seven years experience, my program will consist of three components:

- A. Improvement of Hasan Sadikin Hospital's services regarding breastfeeding management.
- B. Cooperation among Indonesian Wellstart alumni in developing training in breastfeeding management.
- C. Development of a breastfeeding teaching centre in Bandung City.

II. THE GOAL AND OBJECTIVES

The goal is to improve infant health and survival by increasing the incidence and duration of breastfeeding practices through the whole of Indonesia with special emphasis on West Java.

The objectives:

- A. To improve the multidisciplinary structure and activities of Hasan Sadikin's LMT by incorporating the obstetrician and the neonatologist (within six months).

To improve the knowledge and skills of hospital staff (priority for the perinatal health care providers: obstetricians, pediatricians, midwives, nurses, nutritionists) regarding proper breastfeeding management through successful completion of workshops (within one to two years).

To improve Hasan Sadikin Hospital's services in breastfeeding management through successful implementation of the 1989 plan (within one year).

- B. To strengthen the cooperation among the Indonesian Wellstart alumni (Indonesian LMTs) through involvement in various training sessions and workshops (five-year plan).

To develop one uniform curriculum for Indonesian LMT and nursing school through alumni collaboration (working together with PERINASIA, BKPPASI, Department of Health) (two-year plan).

- C. To develop a "Breastfeeding Teaching Centre" (BTC) which will disseminate the information and knowledge on recent developments in breastfeeding and also provide and coordinate teaching/education for the medical and non-medical community. (The first target is for Bandung City, next for Bandung Region, and then for the whole of West Java -- a five year plan).

III STRATEGIES AND ACTIVITIES

- A. The first three objectives in this program are centered in Hasan Sadikin Hospital, will be done by the LMT, and are in line with the program developed by Dr. Krisnadi (December 1989, Annex 1). Some highlights of this program plan are:

1. to approach the key persons (the Director of the Hospital, Head of Obstetric and Pediatrics Departments, Head of Nursing Field).
2. to collect baseline data on:
 - 2.1 knowledge and attitudes about breastfeeding management
 - 2.2 incidence of breastfeeding practice by type of deliveries
 - 2.3 breastfeeding problems in the first two weeks, e.g., engorgement, mastitis, breastfeeding failure)
3. a workshop for Hasan Sadikin Hospital's staff on proper breastfeeding management by the LMT.
4. to provide a manual on proper breastfeeding management.
5. to display posters on breastfeeding practices (priority in the maternity ward and pediatric ward).
6. to implement the milk code properly.

Improvements to that program plan are:

1. The term used in Annex 1 is "working group" or "task group." The standardized term is Lactation Management Team (LMT). This term will be used in all reports or activities.

2. **Members:** to have the best result, we should also include in the LMT the neonatologist of the Pediatric Department and an obstetrician from the Subdivision of Perinatology, Department of Obstetrics.

B. Activities showing the cooperation between alumni are as follows:

1. September 1990: Lobbying to all alumni attending the National Congress of Indonesian Pediatric Society (by Dr. Suroto-Hamzah), Ujung Pandang - Celebes, September 11-15. After this meeting, others will be planned.
2. September 1990: Workshop to develop standard curriculum on LMT training for Indonesia (the first implementation will be in Bandung), Done by the alumni, PERINASIA, and the Department of Health.
3. October or November 1990: The Hasan Sadikin Hospital LMT will hold a LMT training for all five type C hospitals of the whole of West Borneo (in cooperation with Dr. Suharnoto, December 1989 alumnus, from the Department of Health). West Borneo does not have a Regional LMT.
4. Training of other LMTs from type C hospitals which do not have a Regional LMT will be programmed.

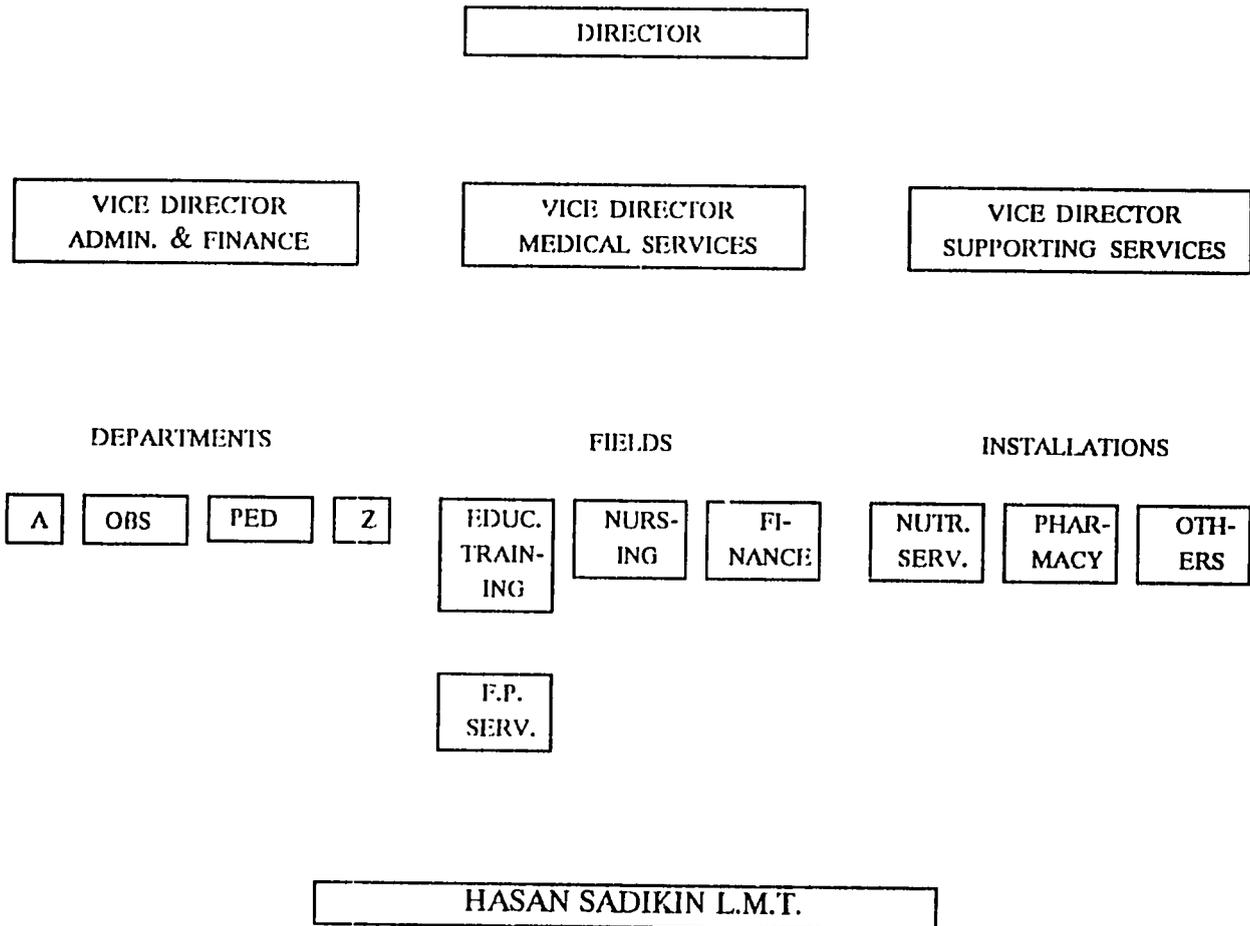
C. Activities of the Breastfeeding Teaching Centre (BTC):

All activities regarding proper breastfeeding management in this centre will be done by the Hasan Sakikin LMT and supervised by Dr. Suroto-Hamzah. In general, the activities to be done are:

1. Approaching the key person, to have one room for the activities.
2. Preparation for the equipment and room.
3. Collecting all published information concerning breastfeeding and lactation.
4. Displaying the materials (books, reprints, tools, slides, etc.) provided by Wellstart.
5. Translating the materials, especially the handouts, manual, and practical things, to "Bahasa Indonesia." This will be done by the pediatricians-to-be (post-graduates) who are in stage (3 mo.) in Subdivision of Pediatric Nutrition during their training.
6. Teaching sessions in this BTC for medical students (undergraduates) who are in stage of clinical experiences in Pediatric Department and the Obstetric Department.
7. Cooperation with the nursing school. The nursing students will be sent to this centre to have a broader idea of proper breastfeeding management. Their nurse tutors (three Senior Clinical Instructors who joined the LMT training in 1989) will complete these nursing students' knowledge with home visits.

IV. ORGANIZATION AND STAFF

A. In Hasan Sadikin Hospital there are several teams, e.g., the cancer team, the gastroenterology team, the pharmacy committee, etc. So we have to work very hard in order to show the hospital that the LMT is really needed. The organization scheme will be as follows:



For West Java's LMT: We will include persons from the Provincial Health Office.

B. Organization for Coordination of Alumni

The routine activities have been maintained by PERINASIA. A monthly bulletin is one of the communicating channels. Programmed meetings or workshops are held to plan next activities.

C. The Breastfeeding Teaching Centre (BTC)

The BTC will be supervised by the LMT and organization will be supported by the existing system in Hasan Sadikin Hospital.

Hasan Sadikin Hospital is a big hospital, full of activities and teams. We expect that a room will be assigned for this BTC. Field for Training and Education of this hospital supervised

the hospital's library. This will facilitate the assignment of a staff person from this library to the BTC with some additional stipend (funded by the BTC).

Teaching sessions for the medical students will be done by Subdivision of Nutrition Pediatric Department and by Dr. Krisnadi for medical students who are in their clinical stage in the Obstetrics Department. Teaching for the nursing students will be done by Dr. Suroto-Hamzah and a nurse tutor who joined LMT training in Hasan Sadikin Bandung.

V. EVALUATION

OBJECTIVES EVALUATED	METHODS OF EVALUATION	OTHERS, USERS, RESEARCH
A. The new LMT	Comparing the structure and activities before and after the program.	
Knowledge of the hospital staff	Pre test and post test. Clinical observation on breastfeeding management of the Hospital staff.	Prepare MCQs (Multiple Choice Questionnaires).
Hasan Sadikin Hospital services	Comparing the baseline data to current practices in BF management, e.g.: <ul style="list-style-type: none"> • immediate postpartum nursing in the delivery room • % of usage of local anaesthesia • % of mothers starting to nurse after Caesarian section delivery • no hospital discharge packs of formula 	Users: the hospital administrators Joint research (Ob, Ped, Anaesthetics Dept.)
B. The strengthening of alumni cooperation	Schedule of meeting. Report of meeting. Completion of workshop.	Multi-centre research.
The development of curriculum for LMT and nursing school	The existence of a curriculum	Users: Curriculum of LMT → alumni for training
C. Breastfeeding Teaching Centre	Opening of the centre. Evaluate the amount and types of visitors. Progress of activity.	
Teaching sessions for medical students and nurses	Pre and post test. Observation of clinical skills.	

VI BUDGET

The three components of the program are intertwined in their activities as they are supporting each other in breastfeeding promotion. The budget items are listed for the three components combined. (The list is based on groups of materials needed.)

The budget for training West Borneo's LMT has been released by the Department of Health. PERINASIA is seeking more funds to make the training more effective (e.g., more funds for the per diem of the participants).

Supporting materials needed:

1. A.V. Equipment

- Slide projector (Kodak and three round carousels)
- Overhead projector
- Day light screen
- Pointer (battery operated)

2. Teaching Materials

- Slides
- Books
- Booklets
- Manuals
- Posters
- Reprints

3. Office Supplies

- Filing cabinet
- Paper

4. Equipment

- Computer and camera
- Telefax machine
- Pro-Cite (a reprint management software package)

Note: Computer and Camera. By processing slides needed by the doctors from the Pediatric Department and others we will raise funds which are needed to run the activities.

ANNEX 2
LMT TRAINING FOR TYPE C HOSPITALS IN INDONESIA

ORGANIZER OF TRAINING	PARTNERSHIP	TIME SCHEDULE
Bandung	Jakarta	August 1988
Bali	Bandung & Surabaya	1989
Aceh	Semarang & Jakarta & Bandung	1988
Bandung	Bali & Jakarta	October-November 1990
Jakarta		1990
Semarang		1990
Bali	Bandung & Ujung Pandang	1990

TIME SCHEDULE (HASAN SADIKIN'S LMT PROGRAM)

'90	'91	'92	'93	'94	'95
H.S. LMT improvement					
	Improve knowledge of H.S. staff				
	Improving service				
		Cooperation among alumni			
Development of curriculum					
		Development of B.T.C.			
Opening					

IMPROVING ON BREASTFEEDING PROMOTION AND SERVICES IN
DR. HASAN SADIKIN HOSPITAL

1. INTRODUCTION :

Dr Hasan Sadikin Hospital is a teaching hospital and the top referral hospital in West Java province.

We had approximately 3500 parturition a year.

As a teaching hospital, there were 200 medical students, 60 residence (obstetrician and pediatrician to be), 100 midwifery school students, nursery students and others rotates every year.

As a referral hospital we received referral cases from 33 type C hospital in West Java province and many other hospitals (type D and private hospitals). We also transverse knowledge as a referral system activity through workshop, training, counselling and other activities.

Infant mortality rate in West Java province was 91% and it is still high above the average national figure (58%, 1988).

The main causes of infant mortality are diarrhoeal diseases, upper respiratory tract infections and tetanus.

Breastfeeding is essential to child survival, it protect the baby against diarrhoea, upper respiratory tract infections and other common infections.

Sayogyo (1987) reported that 39.56% children in West of Java province breastfed less than 18 months and 15.76% breastfed less than 1 year. Nevertheless studies report a larger lactation period among mothers who deliver their babies traditionally than those who deliver at hospitals or maternity clinics. In fact, many type C hospital and maternity clinics do not provide rooming in services and/or lactation clinic yet.

Hasan Sadikin Hospital has been performed breastfeeding promotion and rooming in services since 1977. After 1983 we had 2 San Diego Alumni who improv. our services.

According to the Directorate of General and Teaching Hospital, Hasan Sadikin Hospital is appointed as a center for training and set up services for 48 type C and D hospital in West of Java Province and West of Kalimantan province. During 1988 to 1989 we have trained 33 teams consist of obstetricians , pediatricians and midwives from 33 type C hospitals. We should have trained the rest of 15 hospital before 1994.

Although we have not evaluated yet breastfeeding activities in our hospital, it is assume that breastfeeding and rooming in services have a tendency to be regarded as a routine activities. It was because of lack of awareness to the advantages of breastfeeding and lack of of knowledge among healthworkers. Rotation of personnel is one of the factors decreasing breastfeeding promotion activities. The other factor was the promotion of infant formula. The National Code of Marketing breastmilk substitute is not pupolar yet among healthworkers.

Therefore in order to provide successful breastfeeding and rooming in services, a need is feld to first improve understanding , knowledge and skills of the hospital health-workers particularly on re cent more practical aspect of breastfeeding and services.

II. OBJECTIVE :

GENERAL OBJECTIVE :

To promote breastfeeding practices through improvement of hospital services and provision of lactation counselling clinics.

SPECIFIC OBJECTIVES :

1. To improve knowledge and skills of hospital staff (obstetricians, pediatricians, midwife supervisors, nurse supervisors, and nutritionist) about breastfeeding and lactation management program before April 1991 (become training center)
2. To provide practical education materials and manuals on rooming in and clinic lactation services.
3. To train, supervise and evaluate the implementation of rooming in and lactation clinics in regencial and subdistricts level before the end of Repelita V (March 31, 1991)
4. To monitor implementation of the national code on marketing of breastmilk substitute in hospitals and provide information to other related institutions.

III. ORGANIZATION :

Working group on breastfeeding promotion will be set up.

The task of this working Group are preparing and designing :

- Manual breastfeeding promotion and services in the hospitals (Type B,C and D) in west of Java province.

- Curriculum of training

- Manual of running in the training

- Lactation clinic materials and library.

Members are : Head of Dept. Ob-Gyn

Head of Dept. Pediatrics

San Diego Alumni

Senior Staff members (Med supervisors, Midwife

supervisors, nutritionist and nurse supervisors)

Provincial health office members

100

IV. ACTIVITIES :

1. Approach to key persons (Hospital director, Dean , Head of Dept. Ob-Gyn , Head of Dept. Pediatrics & others) on the plan to promote & improve breastfeeding/rooming in services and apply the regulation of promoting infant formula.
(Presentation on program by San Diego Alumni group).
2. To provide manuals needed as breastfeeding promotion and rooming in services for healthworkers during prenatal care, early post-partum, postpartum services, out-patient services and counselling.
3. Assessment of basic information on the knowledge and attitude of all the personnel mention above on breastfeeding promotion and rooming in services.
4. Workshop for Hasan Sadikin hospital healthworkers (Ob-Gyn and Pediatrics Departement's midwives, nurses ,etc).
5. To supply and facilitate the lactation clinic and the lactation library. and provide lactation clinic schedule activities 3 times a week (since we only have 3 SD Alumni) until we could add our clinic staff.
6. Training of the trainers at provincial level (with the fund and schedule from Ministry of Health).
7. Training of the trainers at regency level
8. Supervision , monitoring and evaluation
9. To rid out infant formula from Hasan Sadikin Hospital by
. Improve the responsibility of hospital director and other staff to ensure correct information in infant feeding.

- producing posters promoting breastfeeding
- no sample of infants formula in the hospital
- no gift offer by infant formula companies to the hospital healthworkers

1 0. Workshop

Long-term activities : - Research

- Intensification teaching on breastfeeding for medical students, obstetricians to be, midwifery school student and nurse school.
- Integrated teaching on breastfeeding between Dept. of Ob-Gyn , Dept. of Pediatrics, Physiology, Biochemistry, Histology , Pharmacology , Nutrition and others)

V. BUDGET :

Budget for workshop on hospital healthworkers , produce the manuals and other activities in the hospital will be discuss later on among hospital director , Head of Dept Ob-Gyn and Pediatrics, Staff members , San Diego Alumni and Non Governmental Organization (PERINASIA, POGI , IDAI , BKPPASI etc)

Budget for training on provincial and regency level will be provide by the Ministry of Health.

SCHEDULE OF ACTIVITIES :

ACTIVITIES

Y E A R

	1991 I	1991 II	1992 III	1993 IV	1994 V
1. Approach to key persons					
. meeting	→				
. presentation	→				
2. Provisions of manuals and curriculum of training	←				
3. Design instrument of data collection	←				
4. Data collection		→			
5. Workshop for Hasan Sadikin Hospital health-workers		*	*		
6. Improve lactation clinic and library services	←				
7. Training provincial level			→	→	→
8. Training regency level				→	→
9. Supervision			x	x	x
Monitoring					
Evaluation					
10. Workshop					x

**LACTATION AND BREASTFEEDING MANAGEMENT CURRICULUM FOR
MEDICAL STUDENTS AT THE MEDICAL FACULTY OF
ANDALAS UNIVERSITY**

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Senior Lecturer
Medical Faculty of Andalas University
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INTRODUCTION/BACKGROUND

The importance of lactation and breastfeeding has been well documented. Indonesia, as a developing country, is making every effort to promote breastfeeding in order to achieve health for all by the year 2000.

For the past five years, all teaching hospitals in Indonesia have been promoting breastfeeding. West Sumatra, one of 27 provinces in Indonesia, has been promoting breastfeeding since 1985. This occurred after three staff members of M. Jamil Hospital and Medical Faculty of Andalas University participated in a lactation specialist course in San Diego in 1984.

Over these five years the three Wellstart alumni, under BKPPASI (Coordinating Board of Breastfeeding Promotion) of West Sumatra, sponsored by CHIPPS (USAID) through the Department of Health of West Sumatra province, have trained at least 170 nurses, teachers from fifteen government hospitals, ten private hospitals, fifteen health centres, ten delivery clinics, five government nursing schools, three private nursing schools, and key staff related to breastfeeding and lactation management from the Department of Health, in addition to providing several seminars for doctors and key personnel from a variety of fields related to breastfeeding.

In 1987, the Wellstart alumni performed an evaluation of the implementation of breastfeeding promotion by their trainees. It seemed to the alumni that, though all hospitals, delivery clinics, and health centers started breastfeeding promotion efforts, they were of differing quality. During this evaluation, the alumni began thinking about how to maintain and achieve quality in promotion activities.

The following were determined to be issues of concern:

1. Many nurses are removed or rotated in their jobs.
2. Many doctors of those hospitals which were already motivated through seminars or workshops provided by the Department of Health and which support promotion activity have also been removed due to job promotion or they have had an opportunity for specialization, etc.
3. Providing continuing education to replace these professionals is not easy and is costly.
4. Even without this turn over, there would still not be enough trained personnel to achieve top quality promotion efforts.

To overcome all of these problems, this proposal describes a project to produce new doctors who have a high level of knowledge and skills about lactation and breastfeeding management.

GOAL

To improve infant health and decrease infant morbidity and mortality by increasing the incidence and duration of breastfeeding through the production of doctors who have the ability and potential to promote breastfeeding in a sustained and quality manner.

OBJECTIVES

1. By the end of 1990, to assemble a small group ("Project Committee") consisting of well-motivated personnel on breastfeeding and with high potential to be effective.
2. To orient and secure the cooperation of contributing departments of the Medical Faculty of Andalas University in three months.
3. To develop a curriculum in lactation and breastfeeding management in six months for medical students at the Medical Faculty of Andalas University.
4. To develop one model of breastfeeding clinical information forms for the Pediatric Department and two models for the Obstetric and Gynecology Department in six months.

STRATEGIES AND ACTIVITIES

1. Lobbying.

An essential component to this project is an emphasis on soliciting the cooperation of key members of the University and Hospital administration through careful lobbying and education. This will be accomplished by the end of 1990.

Specific lobbying strategies include:

- a. Lobbying with:

- Dean of Medical Faculty of Andalas University
- Director of M. Jamil Hospital
- Director of Nursing School

by:

- personal communication
- supportive documentation
- audiovisual presentation
- motivation

- b. Lobbying with each contributing department by personal communication. Prior to meeting with contributing departments, Project Committee will be formed, and their responsibilities would include:

- coordination of all activities
- planning and doing research
- evaluation
- implementation of the project

2. Meeting in three months with contributing departments, which include:

- Anatomy
- Histology
- Physiology
- Biochemistry
- Pharmacology
- Nutrition
- Public Health
- **Obstetrics and Gynecology**
- **Pediatrics**

This kind of meeting may be needed several times to make sure the contributing departments understand the aims of the project and will be fully participating. This will be done through:

- audiovisual presentations
- supportive documentation
- allocation of responsibility (coopting)
- motivation

3. Developing objectives and modules for each topic in three months by each department. Activities to include:

- discussion with Project Committee
- finalization of objectives and modules

See Appendix 1 for a sample draft module.

4. a. Developing three models of breastfeeding clinical information forms for students to use during their rotations in Obstetrics/Gynecology and Pediatric departments by:

- Obstetrics/Gynecology department (one model for prenatal care and one model for lactation clinic and hospitalized patient)
- Pediatric department (one model for out/in patient)

b. Finalize models with Project Committee within six months. See Appendix 3 for a sample draft information form.

c. Developing a "small library," especially for books related to breastfeeding available to staff and students by six months.

5. Performing a survey for baseline data about knowledge and skills of new doctors in three months, by Project Committee. See Appendix 2 for a sample draft of key points to be covered in questionnaire.

6. Performing a descriptive study five years after project implementation of successful efforts in promoting breastfeeding (what worked, how to do, where they were done, who did it, etc.)

by the alumni of the Medical Faculty of Andalas University. See Appendix 4 for sample draft of key points of questionnaire.

ORGANIZATION AND STAFF

Consultants: Wellstart staff members

Project Manager: _____

Project Committee will consist of:

- two personnel of Pediatric Department
- two personnel of Obstetric/Gynecology Department
- one personnel of Nutrition Department
- one personnel of Public Health Department
- one personnel of Department of Health of West Sumatra province

Contributing departments will consist of:

- | | |
|---|----------|
| • Obstetric/Gynecology Department (OPD & IPD) | 2 people |
| • Pediatric Department (OPD & IPD) | 2 people |
| • Public Health Department | 1 person |
| • Nutrition Department | 1 person |
| • Pharmacology Department | 1 person |
| • Physiology Department | 1 person |
| • Biochemistry Department | 1 person |
| • Histology Department | 1 person |
| • Anatomy Department | 1 person |

Nursing staff from Obstetric/Gynecology Department and Pediatric Department:

- 1 nurse from OPD of Pediatrics
- 2 nurses from IPD of Pediatrics (Rooming-in and High Risk Baby)
- 2 nurses from OPD of Ob/Gyn (Prenatal and Lactation Clinic)
- 2 nurses from IPD of Ob/Gyn (High Risk Mother and Delivery Room)

Administration: one administrator (under project manager)

ROLES AND RESPONSIBILITIES

Consultants (Wellstart)

- Advisors in improving the plan for this project

Project Manager

Responsible for:

- conducting the implementation of this project.

- reporting about:
 - implementation
 - semesterly monitoring and evaluation
 - budget
 - final report

Project Committee:

Responsible for:

- coordination of all activities
- planning and doing research
- final report of research
- evaluation and its report
- implementation of project
- giving any advice/suggestions to project manager (if necessary)

Contributing Departments

Responsible for:

- developing their own curriculum
- implementing the curriculum
- evaluating knowledge and skills within their own responsibility

Administrator

Responsible for:

- archiving all project activities
- doing all administrative work
- functioning as a librarian for a small library
- functioning as a financial manager (under project manager)

Teaching Nurses

- Demonstration of technique and skills

Other Resources Needed

One of the most important needs can be met by sending one obstetrician of the Medical Faculty of Andalus University to San Diego (Wellstart) for a training course in lactation and breastfeeding management as soon as possible.

WORK PLAN / TIME LINE

MONTH	Nov. '90	Jan. '91	May '91	Jan. '92	Jan. '93	Jan. '94	Jan. '95	Jul. '95	RESPONSIBILITY				
	I/II	III/IV	V/VI	VII/VIII	IX/X	XI/XII							
1. Lobbying													
• Dean/Dir.	←→									Parma/Syamsir			
• Contr. Dept.	←→									Parma/Syamsir			
• Looking for Proj. Comm.	←→									Parma/Syamsir			
2. Meeting cont. dept.			←→							Proj. Man., Proj. Comm., Contr. Dept.			
3. Research: baseline data			←→							Proj. Com.			
4. Develop obj. & mod.					←→					Proj. Com, Contr. Dept.			
5. Develop clin. inf. form			←→							Ob/Gyn, Ped.			
6. Develop small library			←→							Proj. Comm., Administrator			
7. Semesterly monitoring			X	X	X	X	X	X	X	X	10X	Proj. Man., Proj. Comm.	
8. Semesterly testing of students			X	X	X	X	X	X	X	X	10X	Contrib. Depts.	
9. 10-week evaluation of knowledge and skills of students	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Ob/Gyn & Ped.
10. Yearly evaluation				○		○		○		○		5X	Proj. Comm.
11. Descriptive study												←→	Proj. Comm.

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BUDGET

The following is an approximation only.

A. Equipment

1. Audiovisual aids

500	duplicate slides	\$ 4,000
2	slide projectors	3,500
1	sound slide viewer/projector	2,500
2	overhead projectors	3,000
1	TV set	1,000
1	VCR	1,000
20	video cassettes (Beta type)	<u>200</u>
	Total	\$ 15,200

2. Computer equipment

1	computer with hard disk	\$ 3,000
1	printer	1,200
1	Pro-Cite software	1,200
5	boxes floppy diskettes	<u>100</u>
	Total	\$ 6,000

3. Equipment for clinical teaching

1	electric breast pump	\$ 1,500
10	simple breast pumps	200
10	nipple pullers	100
10	sets breast shields	100
1	breast model	500
2	baby dolls	100
1	set food models	<u>500</u>
	Total	\$ 2,600

4. Books and new articles

18	text books (different item) for contributing department	\$ 2,500
30	text books/books (different item) for small library	4,000
2	monthly magazines for 7 years	1,000
100	new articles (copy) related to breastfeeding	1,000
3	new articles/months related to breastfeeding for 7 years	<u>1,000</u>
	Total	\$ 9,500

5.	Furniture		
	2	file cabinets	\$ 2,000
	1	book case	1,000
	2	tables	1,500
	6	chairs	<u>1,500</u>
		Total	\$ 6,000
6.	Stationary/office supplies		
		paper, pencils, paper clips, file folders, hi-liters (fluoro yellow), index tabs, labels, markers, transparencies, staples, scissors, envelopes, binder clips, hanging file (letter), glue stick, pad	\$ 4,000
		Miscellaneous items	<u>2,000</u>
		Total	\$ 6,000
7.	Salary		
		One administrator @ \$200/month for 7 years	\$ 16,800
8.	Miscellaneous		
		Consultant for analysis	\$ 3,000
		Send 1 obstetrician to Wellstart (4 weeks)	10,000
		Luncheon meetings, every 2 weeks for 7 years	<u>5,000</u>
		Total	\$ 18,000
9.	Possible sources of funds:	USAID FORD FOUNDATION	

EVALUATION

1. Descriptive study of successful efforts by the end of this project (after five years of implementation) by Project Committee.
2. Letters of intent to participate from designated departments by three months.
3. Written curriculum approved and distributed for implementation by three months.
4. Three models of clinical information forms written and tested by students and staff by six months.
5. Evaluation as designated in the curriculum.
 - a. Knowledge: semesterly written tests by pre-clinical departments.

- b. Clinical knowledge and skills: for each group of students during their rotation (clerkship) in Pediatric and Obstetric/Gynecology Departments.
- c. A survey of knowledge and skills of new doctors by project committee each year for five years.

APPENDIX 1
DRAFT: OBJECTIVES AND MODULES

A. Anatomy

Objective: Identify gross anatomy structure of the breast.

Content:

- corpus mammae and supporting structure
- nipple and areola
- lymph node and its drainage

B. Histology

Objective: Identify microanatomy structure of the breast.

Content:

- glands
- ducts
- myoepithelial cells
- interstitial connective tissue
- sebaceous glands and ducts

Objective: Describe simplified schematic drawing of cross and longitudinal section of the breast.

Content:

- schematic drawing of cross section of the breast
- schematic drawing of longitudinal section of the breast

APPENDIX 2
DRAFT: KEY POINTS OF QUESTIONNAIRE

1. **Knowledge of fundamentals**
 - physiology of milk production
 - composition of human milk
 - infant nutrition and weaning
 - maternal nutrition
 - contraindications to lactation and breastfeeding

2. **Clinical management**
 - rooming-in/routine care
 - prenatal period care
 - postnatal period care
 - weaning practices

3. **Breastfeeding success**
 - **maternal**
 - delivery-related issues
 - lactation-related issues
 - maternal illness
 - working mothers
 - relactation

 - **infant**
 - delivery-related issues
 - hyperbilirubinemia
 - prematurity/LBW infant
 - failure to thrive
 - anatomical issues

 - **community issues**
 - lactation, breastfeeding, and child survival
 - trends and influences in incidence and duration of breastfeeding

4. **Skills: patient care**
 - **mothers**
 - breast examination
 - breast care
 - diet counseling
 - nutritional status evaluation
 - pumping and hand expression

- **infants**
 - infant history/physical and assessment
 - oral-motor evaluation

- **mother/infant couple**
 - counseling for successful nursing
 - weaning guidance
 - nursing technique evaluation
 - history taking and interpretation

**APPENDIX 3
DRAFT: CLINICAL INFORMATION FORM**

PATIENT HISTORY

Name:

Baby:

boy

Birth day: / /19

girl

Birth place:

Mother:

Age:

Yrs. Job:

Father:

Age:

Yrs. Job:

Address:

Phone:

Maternal History:

Diseases before pregnancy

Allergic

Diabetes

High blood pressure

Tuberculosis

Hepatitis

Etc.....

Diseases during pregnancy/delivery/perinatal

Eclampsia

Preeclampsia

Anemia

Fever

Hemorrhage

Etc.....

Delivery was by:

Vaginal (N)

Vacuum

Cesarean

Vaginal (Breech)

Forceps

Condition of the baby after birth: APGAR: /

Respiratory problems

Fever

Jaundice

Neonatal fits

Anemia

Etc.....

Feeding problems

Attachment difficulties

Engorgement

Sore nipples

Sleepy baby

Not enough milk

Etc.....

Feeding history: Frequency of feeding/24 hours

< 8x

8 - 12x

> 12x

Duration of nursing on each breast: _____ minutes

Wet diapers: _____/24 hours

Bowel movements: _____/24 hours

APPENDIX 4
DRAFT: KEY POINTS OF QUESTIONNAIRE FOR DESCRIPTIVE STUDY

1. What groups were targets of breastfeeding promotion

- promotion in community:
 - school groups
 - religious groups
 - cultural groups
 - women's organizations
 - etc.
- promotion in small groups
 - for guidance
 - counseling in group
 - La Leche League-like activity
 - etc.
- promotion for individuals
 - private patient
 - family/friend

2. Where were done

- outside of their primary job
- inside of their primary job
- as social activity
- in health services, school, etc.

3. How promotion was done -- through:

- mass media/radio/TV campaign
- direct communication
- literature
- seminar
- others

4. Who did promotion

- doctors
- nurses
- women in special groups/organizations
- people from cultural/religious groups
- etc.