PN-ABH-673

WELLSTART

San Diego Lactation Program

LACTATION MANAGEMENT EDUCATION PROGRAM SESSION REPORT

February 11 - March 8, 1991

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WELLSTART℠

THE SAN DIEGO LACTATION PROGRAM

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Mexico City, Mexico

Hospital Gineco-Obstetricia #3
Hospital Gineco-Obstetricia #4
Hospital Manuel Gea Gonzalez
Hospital de la Mujer
Hospital General

La Paz, Bolivia

I. Introduction and Summary

A Lactation Management Education (LME) Program course was held at the Wellstart facilities in San Diego from February 11 - March 8, 1991. Thirteen multidisciplinary health professionals from five teaching hospitals in Mexico City, Mexico attended the four week course. In addition, two high level administrators, one from each of the two major health care systems in Mexico (the Ministry of Health (MOH) and the Mexican Social Security System (IMSS)) participated in the first two weeks only of the course. Also, one Advanced Study Fellow (January 28 - March 22, 1991) participated in course activities as part of the Fellowship experience. This particular Fellow is a pediatrician from La Paz, Bolivia who has participated in the Wellstart Program since entering the August-September 1986 LME course. Please see Appendix 1 for a list of all participants with professional disciplines and affiliations noted. See Appendix 2 for a description of the Advanced Study Fellowship.

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 3 and 4 (Course Schedule and Faculty and Staff List).

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

(1) To determine if the experience in San Diego modified the quantity and/or quality of the participants' knowledge about breastfeeding, short unannounced pre- and post-tests were given. Results of these tests suggest that participants' knowledge base was significantly increased at the completion of the four-week course. (Average scores rose from 49.23% to 79.49% 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 scores for both usefulness and quality were 4.9, 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

Four of the five hospitals represented in this course are new entries into the LME Program and, for the most part, these four teams were appropriate in terms of multidisciplinary mix, commitment and quality. The fact that each of these four teams included an obstetrician as well as a pediatrician provided an opportunity to reach a discipline which is not always easy to reach, but which has a tremendous influence over the success of breastfeeding promotion and protection efforts. It was both challenging and gratifying to insure that these important members of the multidisciplinary team were kept interested, challenged, motivated and aware of their specific role in this multidisciplinary effort.

The fifth hospital, Hospital General, has sent two teams to the Program, including the heads of the departments of pediatrics and obstetrics. The current representative from the Hospital General was a lone pediatrician. Though sending an individual rather than a full team was appropriate and necessary in this case (to strengthen and complement the existing working team), it was not an ideal situation. She was not able to benefit from the team building and intra-team dynamics which is an important part of the LME Program. It is hoped that the relationships that did build between this pediatrician and the other teams participating in this course will be beneficial and, that once she returns home, she will be able to actively join and enhance the existing team at her institution.

Having the two administrators (MOH and IMSS) participate in the first two weeks of the course was very useful because of their potential for coordination and leadership beyond the individual institutional level. Their participation should serve to strengthen the teams' abilities to implement their program plans and work together in a coordinated way for the benefit of their respective health care systems and the national program.

Though the administrative representative of the IMSS system was selected to participate in the Program in this capacity, he is also the director of a hospital which has not been represented in any other way in the LME Program. Thus he had the challenge of managing two roles and responsibilities. However, as a representative of his hospital he was an

individual, though a powerful one, and not a full team. Therefore, though he will be able to have an impact on his institution, it is hoped that his number one priority for the purposes of the LME Program will be his role as representative of IMSS.

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. Whenever possible, course faculty presented in Spanish. Simultaneous translation using state of the art equipment and professional translators was provided as necessary.

Besides the formal classroom, clinical and field trip activities (Appendix 3), 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.

During the last week of this particular course several visitors participated in course activities and contributed their experience and expertise to group discussions. Martia Glass, MD, MPH, USAID Asia and Private Enterprise Bureau; Kathryn Tolbert, PhD, Regional Project Director, Reproductive and Child Health, Population Council, Mexico; and Hernán Delgado, Director and Magda Fischer Head of the Communication and Information Coordination Division of the Instituto de Nutrición de Centro America y Panama (INCAP) all visited Wellstart during the last week of the course and contributed to the course experience and to the development and presentation of the teams' program plans (attached as Appendix 7).

Kathryn Tolbert in particular, and because of her instrumental role in getting the participants to San Diego as part of the development of a strong lactation management training program for Mexico and the region, contributed greatly to the sense of accomplishment and confidence felt by the group as they finished the San Diego portion of their Program participation. She was able to offer the Population Council's facilities, services and ongoing support to the group as a means of continuing the feeling of esprit de corps and momentum that had developed during the four week course.

As always when an Advanced Study Fellow participates in a LME course, the group benefitted from the experiences and expertise of someone who has been through the course before, has participated in the LME Program over a period of several years, and is now developing plans and proposals for the development of a formal national breastfeeding program based on his accomplishments and the accomplishments of his colleagues over a period of time. The Fellowship provides the opportunity for teaching, leadership of group discussions, and involvement in the provision of technical assistance for program planning. The group and the Fellow both benefitted from these experiences.

Material Support

Unfortunately, the quantity and often quality of the information and materials available in Spanish are not as high as they are in English. To the extent possible, all materials for this group were provided in Spanish. Because their reading capability in English is often sufficient, if a particular document is only available in English, it was provided.

The formal course syllabus, including reading lists, was updated, translated into Spanish, and generally improved for the course. Course participants found the syllabus helpful and easy to use. Each participant received a set of Spanish language text books and each team received a reprint library of approximately 900 reprints in English and approximately 45 reprints in Spanish. Reference lists by subject for the 900 English language articles were included in the course syllabus. As part of the continuing education and follow-up support provided to each participant in the Program, six reprint articles will be sent to each participant each month.

Program participation fees also allow each 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. Again, all efforts are made to provide these materials in Spanish. 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. Copies of these plans are included as Appendix 7. Though these plans were written in Spanish, English language summaries are provided for each plan.

The teams and Fellow formally presented their plans to an audience of Program faculty, staff and special 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

This particular group of teams from Mexico City, in partnership with the existing teams at the Hospital General, has the potential to become a powerful resource 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 can create a strong basis for implementing the short and long-range goals they have articulated. Building upon this groundwork of well trained, highly motivated professionals should be a priority so that momentum can be maintained and optimum outcome achieved.

The process of networking and communication which began between and among the participants in San Diego should also be built upon so that this "critical mass" of expertise can be adequately utilized and integrated into a national working group for the promotion and

protection of breastfeeding. The participation of two key health system administrators in the Program will mean a much greater opportunity for the leadership, coordination and integration of effort required to insure that this occurs. This group of participants, 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.

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. A good example of this occurred in November 1990 when Wellstart faculty were invited to participate in a La Leche League International Symposium in Mexico City. This provided the opportunity to not only participate in continuing education activities, but to meet with Program participants, visit their institutions, and discuss issues and strategies with key representatives of organizations interested in supporting breastfeeding activities for Mexico.

As the Mexican teams work to implement their program plans, it is hoped that agencies with a vested interest in the success of these worthwhile efforts will continue to lend their commitment and support to assure that this important initial investment will develop into long term, institutionalized teaching and clinical service programs. The Population Council Regional Office in Mexico City and the consortium of supporters that has been formed between the Council, the USAID Mission, UNICEF, La Leche League Mexico and others, have the potential to play a key role in creating and sustaining an impact in the way health professionals are trained and ultimately in the way health professionals and health facilities interact with mothers and infants with regard to lactation and breastfeeding. Wellstart looks forward to a continuation and expansion of this supportive relationship and to achieving maximum positive results in Mexico through ongoing collaboration and support.

APPENDIX 1

Participants

WELLSTART
Lactation Management Education Program
February 11 - March 8, 1991

COURSE PARTICIPANTS

MINISTERIO DE SALUD, MEXICO
[Ministry of Health]

Hospital Manuel Gea Gonzalez

Dr. Ernesto Escobedo Chavez
Jefe de Departamento Pediatria [Chief of Pediatrics]

Dr. Hugo Bricio Martinez Ayala
Gineco-Obstetra [Obstetrician-Gynecologist]

Enf. Alma Rosa Lazcano Castro
Enfermera [Nurse]

Hospital General

Dra. Cristina Cantú Gutierrez
Pediatra [Pediatrician]

Hospital de la Mujer

Dr. José Angel Perez-Rosas
Pediatra, Neonatólogo [Pediatrician, Neonatologist]

Dr. Juan José Carreras de Paz
Perinatólogo [Perinatologist]

Enf. Edith Sotelo Parra
Enfermera de Neonatología [Neonatology Nurse]

Dirección General Materno Infantil
[Office of Maternal & Child Health]

Dra. Aurora Martinez Gonzalez
Gineco-Obstetra [Obstetrician-Gynecologist]

INSTITUTO MEXICANA DE SEGURO SOCIAL (IMSS)
[Mexican Social Security Institute]

Hospital La Raza

Dra. Marisela Diaz Cervantes
Gineco-Obstetra [Obstetrician-Gynecologist

Dra. Maria Guadalupe Serrano Pérez
Pediatra [Pediatrician]

Enf. Veronica Castillo Montiel
Subjefe de Enfermeras [Assistant Chief Nurse]

Clínica Gineco-Obstétrica #4

Dr. Gerardo Flores-Nava
Neonatólogo en la UCIN [Neonatologist in the NICU]

Dr. Gilberto Tena Alavez
Gineco-Obstetra [Obstetrician-Gynecologist]

Enf. Ma. del Cármen Rosas Gallegos
Subjefe de Enfermeras de Piso [Assistant Chief Floor Nurse]

Dirección de Hospitales - IMSS
[Office of Hospitals]

Dr. Ricardo Trujillo Moreno
Director Hospital Gen. de Zona #72

Ex-Alumno de Wellstart, Becado Para Estudios Avanzados
[Wellstart Alumnus Participating in Advanced Study Fellowship]

Dr. Andres Bartos Miklos
Pediatra/Neonatólogo [Pediatrician/Neonatologist]
Hospital Obrero
La Paz, Bolivia

APPENDIX 2

Description of Advanced Study Fellowship

FELLOWSHIP SCHEDULE: January 28 - March 15, 1991

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 Field site visits (San Jose Mothers' Milk Bank; Denver Lactation Program; The Best Beginnings Program, University of Kansas Medical Center, Kansas City; and Texas Children's Nutrition Research Center, Houston).

Week III-VI Lactation Management Education Course.

Week VII Complete all assignments and prepare for departure.

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, if at all possible, 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, for example, arrangements were made for participation in a human milk and breastfeeding special interest group which met 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

January 28 - February 1, 1991

WEEK I

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
January 27	January 28	January 29	January 30	January 31	February 1
	9:00 - 10:00 Administrative Orientation J. Schooley/L. Daigle 10:00 - 10:30 Welcome by Staff 10:30 - 12:00 General Orientation to Fellowship A. Naylor/R. Wester/ J. Schooley	8:30 - 10:30 Discussion of Projects and Assignments A. Naylor/R. Wester 10:30 - 12:00 Self Study and Clinical Services	8:30 - 9:30 Clinical Staff Meeting 10:00 - 11:00 ProCite Orientation B. Renford 11:00 - 12:00 Self Study and Clinical Services	9:00 - 12:00 Self Study and Clinical Services	8:30 - 10:00 Management Coordinating Committee Meeting 10:00 - 12:00 Self Study and Clinical Services
	12:00 - 1:30 Lunch with clinical faculty and key staff	12:00 - 1:30 Lunch with Liz and Lois	12:00 - 1:30 Lunch with Katy and Lisa	12:00 - 1:30 Lunch with Nancy	12:00 - 1:30 Lunch with Audrey and Janine
	1:30 - 3:00 LME Course Orientation J. Schooley 3:00 - 5:00 Review of Documents and Settling into Office	1:30 - 5:00 Self Study and Clinical Services	1:30 - 3:30 Self Study and Clinical Services 3:30 - 5:00 Meet and Discuss Project(s) with Ann Brownlee	1:30 - 3:30 Housestaff Rounds (UCSD) with staff 3:30 - 5:00 Self Study and Clinical Services	1:30 - 3:00 Self Study and Clinical Services 3:00 - 3:30 Field Site Visit Orientation J. Schooley 3:30 - 5:00 Review of Project and Assignment Progress A. Naylor/R. Wester

APPENDIX 3

Course Schedule

WELLSTART
Lactation Management Education Program
February 11 - March 8, 1991

COURSE SCHEDULE

Week I

4/17/91

Monday Feb. 11	Tuesday Feb. 12	Wednesday Feb 13	Thursday Feb. 14	Friday Feb. 15
8:00 - 8:30 Escort to Wellstart and Tour of Facilities 8:30 - 9:45 General Orientation to Program 10:00 - 12:30 Team Presentations	8:00 - 9:30 Anatomy and Physiology -V. Valdés -A. Bartos 9:45 - 12:00 Management of Successful Breastfeeding -R. Wester	8:30 - 10:00 Maternal Problems Impacting Successful Lactation and Breastfeeding -E. Creer 10:15 - 12:00 Infant Problems Impacting Successful Lactation and Breastfeeding -V. Valdés	9:00 - 9:45 Orientation to Clinical Experiences -Faculty 10:00 - 1:00 Clinical Experiences/ Audiovisual Reviews *Lactation Clinic* *(Clinic House)* Diaz Tena Sotelo Martinez A. Trujillo Bartos *Nutrition Counseling* *(Vicky's Office)* Serrano Martinez G. *Breast Exam Review* *(Classroom)* Flores Lazcano Perez Rosas *Slide Review* *(Library)* Castillo Escobedo Carreras Cantú	8:00 - 12:00 Program Planning and Evaluation -A. Brownlee
12:30 - 1:30 LUNCH with Faculty and Staff	12:00 - 1:00 LUNCH	12:00 - 1:00 LUNCH	1:00 - 2:00 LUNCH	12:00 - 1:00 LUNCH
1:30 - 3:00 Breastfeeding and Child Survival, Part I -A. Naylor 3:15 - 5:30 Breastfeeding and Child Survival, Part II -A. Naylor	1:00 - 3:30 Maternal Nutrition -V. Newman 3:45 - 5:15 Infant Nutrition and Weaning -V. Newman	1:00 - 2:45 Drugs and Contaminants -P. Anderson 3:00 - 4:00 Film: "Amazing Newborn" 4:00 - 5:00 Psychosocial and Cultural Aspects of Infancy: Implications for Breastfeeding -V. Valdés *7:00 - 9:00* *Prenatal Class* *(optional for participants)*	2:00 - 3:00 Breast Examination -V. Lopa 3:15 - 5:00 Growth Monitoring Workshop -V. Newman	1:00 - 5:00 Curriculum Design -E. Creer

Week II

4/17/91

Monday Feb. 18	Tuesday Feb. 19	Wednesday Feb. 20	Thursday Feb. 21	Friday Feb. 22
PRESIDENTS DAY HOLIDAY	8:30 - 9:45 *(Classroom 8:15)* Tour of UCSD -Faculty 10:00 - 1:00 Clinical Experiences/ Audiovisual Reviews *Lactation Clinic* *(Clinic House)* Serrano Flores Lazcano Perez Rosas Martinez G. *Nutrition Counseling* *(Vicky's Office)* Diaz Trujillo *Breast Exam Review* *(Classroom)* Castillo Escobedo Carreras Cantú Bartos *Slide Review* *(Library)* Tena Martinez A. Sotelo	8:30 - 9:45 Hospital Rounds *(Classroom 8:15)* Serrano Flores Lazcano Perez Trujillo Martinez G. 10:00 - 12:00 Slow Gain/Insufficient Milk Syndrome -N. Powers	8:30 - 9:45 Hospital Rounds *(Classroom 8:15)* Diaz Tena Sotelo Martinez A. Bartos 10:00 - 12:30 Clinical Experiences/ Audiovisual Reviews *Lactation Clinic* *(Clinic House)* Castillo Escobedo Carreras Cantú Trujillo Martinez G. *Nutrition Counseling* *(Vicky's Office)* Bartos Martinez A. *Breast Exam Review* *(Classroom)* Diaz Tena Sotelo *Slide Review* *(Library)* Serrano Flores Lazcano Perez Rosas	9:00 - 11:00 Breastfeeding, Fertility, and Child Spacing -M. Labbok 11:15 - 12:00 Effect of a Breastfeeding Promotion Program on Postpartum Infertility -V. Valdés
	1:00 - 2:00 LUNCH	12:00 - 1:00 LUNCH		12:00 - 1:00 LUNCH
	2:00 - 4:00 Human Milk Banking -M.T. Asquith	1:00 - 5:00 Program Planning Workshops -A. Brownlee -E. Creer -V. Valdés -A. Bartos	12:30 - 5:00 Field Trip to ISSSTECALI Hospital, Tijuana, Mexico -E. Jones -G. Chong	1:00 - 3:00 The Effect of Continuous Social Support During Labor on Perinatal Morbidity -M. Klaus 3:15 - 3:30 Film:"Mother Kangaroo - A Light of Hope" 3:30 - 5:00 Kangaroo Care -V. Valdés -A. Bartos

Monday Feb. 25	Tuesday Feb. 26	Wednesday Feb. 27	Thursday Feb. 28	Friday March 1
8:00 - 10:00 Human Milk for the Premature Infant -R. Schanler 10:15 - 11:30 Lactation Management for Mothers of Preterm Infants -R. Wester 11:30 - 12:00 Film: "Feeding Low Birth Weight Babies"	8:30 - 9:45 Hospital Rounds *(Classroom 8:15)* Castillo Escobedo Carreras Cantú Rosas 10:00 - 1:00 Clinical Experiences/ Audiovisual Reviews *Lactation Clinic* *(Clinic House)* Diaz Tena Sotelo Martinez A. Serrano Flores *Nutrition Counseling* *(Vicky's Office)* Lazcano Perez *Videotape Review* *(Library)* Castillo Escobedo Carreras Cantú Rosas Bartos	10:00 - 11:30 Jaundice -N. Powers -A. Bartos	8:30 - 8:45 Oral-Motor Rounds *(Classroom 8:15)* Diaz Tena Sotelo Martinez A. Bartos 10:00 - 1:00 Clinical Experiences/ Audiovisual Reviews *Lactation Clinic* *(Clinic House)* Castillo Escobedo Carreras Cantú Lazcano Perez *Nutrition Counseling* *(Vicky's Office)* Tena Rosas *Breast Exam Review* *(Classroom)* Serrano Martinez A. *Slide Review* *(Library)* Diaz Bartos *Videotape Review* *(Journal Room)* Sotelo Flores	7:00 Leave San Diego from the Sommerset Hotel 8:00 - 11:00 Comparative Lactation Field Trip to the San Diego Wild Animal Park -R. Rieches
12:00 - 1:00 LUNCH	1:00 - 2:00 LUNCH	11:30 - 12:30 LUNCH	1:00 - 2:00 LUNCH	
1:00 - 2:00 Discussion and Review -Faculty 2:00 - 3:30 Programs to Promote and Protect Breastfeeding -A. Naylor 3:45 - 5:30 Comparative Lactation -A. Naylor	2:00 - 5:00 Time Available for Planning of Team Programs	12:30 - 2:30 Induced and Relactation -E. Jones -V. Valdés 2:45 - 3:30 The Infant with Cleft Lip and/or Palate -E. Jones 3:45 - 5:15 Oral-Motor Dysfunction in Infants: Assessment and Intervention -K. Bouma	2:00 - 5:00 Program Planning Workshops -A. Brownlee -E. Creer -V. Valdés -A. Bartos	11:00 - 6:00 Intercultural Orientation -Faculty *Sunday, March 3* *FIESTA!*

Monday March 4	Tuesday March 5	Wednesday March 6	Thursday March 7	Friday March 8
8:30 - 9:45 Oral-Motor Rounds *(Classroom 8:15)* Serrano Flores Lazcano Perez Rosas 10:00 - 11:00 Breastfeeding and Diarrheal Disease Control -K. Brown 11:15 - 12:30 Growth Patterns of Breastfed Infants -K. Brown	9:00 - 10:00 Lactation Management Education in Medical Training Programs -N. Powers -V. Newman -E. Creer 10:15 - 12:00 Working Mothers -L. Scott -V. Valdés	8:30 - 9:45 Oral-Motor Rounds *(Classroom 8:15)* Castillo Escobedo Carreras Cantú 10:00 - 1:00 Clinical Experiences/ Audiovisual Reviews *Lactation Clinic* *(Clinic House)* Serrano Flores Lazcano Perez Castillo Escobedo *Nutrition Counseling* *(Vicky's Office)* Carreras Cantú *Videotape Review* *(Library)* Diaz Tena Martinez A. *Independent Study* Rosas Sotelo Bartos	10:00 - 1:00 Clinical Experiences/ Audiovisual Reviews *Lactation Clinic* *(Clinic House)* Carreras Cantú Rosas Bartos *Nutrition Counseling* *(Vicky's Office)* Sotelo Flores *Independent Study* Diaz Tena Serrano Martinez A. Lazcano Perez Castillo Escobedo	9:00 - 12:30 Team Program Plan Presentations -Faculty -A. Brownlee -D.B. Jelliffe -E.F.P. Jelliffe 12:30 - 1:00 Film: "Breastfeeding: Protecting a Natural Resource"
12:30 - 1:00 LUNCH *(Bring lunch)*	12:00 - 1:00 LUNCH	1:00 - 2:00 LUNCH	1:00 - 2:00 LUNCH	1:00 - 2:00 LUNCH
1:00 - 4:00 Clinical Experiences/ Audiovisual Reviews *Lactation Clinic* *(Clinic House)* Rosas Bartos Diaz Tena Sotelo Martinez A. *Nutrition Counseling* *(Vicky's Office)* Castillo Escobedo *Videotape Review* *(Library)* Serrano Lazcano Perez *Independent Study* Flores Carreras Cantú 4:30 - 7:30 Teaching Resources Review and Selection	1:00 - 2:30 Contraindication and Controversies -A. Naylor 2:45 - 4:45 Professional Roles and Responsibilities on the Multidisciplinary Team -Faculty	2:00 - 3:30 Case Management Review Session -V. Valdés -R. Wester 3:45 - 5:45 Consultant's Report Seminar (Review of 20 Questions Assignment) -Faculty	2:00 - 3:30 Formula Marketing and the WHO Code -J. Schooley -V. Valdés -A. Naylor	2:00 - 4:00 Administrative Matters 7:00 -10:00 Closing Ceremonies and Farewell Banquet

APPENDIX 4

Faculty and Staff List

WELLSTART
Lactation Management Education Program
February 11 - March 8, 1991

FACULTY AND STAFF

Wellstart Core Faculty

Elizabeth Creer, FNP, MPH
Enfermera Practica Familiar

Audrey Naylor, MD, DrPH, FAAP
Co-Directora y Presidente

Vicky Newman, RD, MS
Nutricionista Perinatal

Nancy Powers, MD, FAAP
Director, Servicios Profesionales

Lois Scott, RN
Especialista en Lactancia

Ruth Wester, RN, BA, CPNP
Co-Directora y Vice-Presidente

Adjunct Faculty

Philip Anderson, PharmD
Director
Servicio de Información Sobre Medicamentos
UCSD Medical Center
San Diego, California

Maria Teresa Asquith
Directora
Mothers' Milk Bank
Institute for Medical Research
San Jose, California

Katheryn J. Bouma, OTR
Terapista Ocupacional
UCSD Medical Center
San Diego, California

Kenneth H. Brown, MD
Profesor, Departamento de Nutrición, y
Director Asociado, Programa de Nutrición Internacional
University of California, Davis
Davis, California

Ann Brownlee, PhD
Sociólogo Medico y Consultora Internacional de Salud
Escondido, California

Gabriel Chong, MD
Director
Hospital ISSSTECALI
Tijuana, Mexico

Suzanne Dixon, MD
Profesor Asociado de Pediatría
UCSD Medical Center
San Diego, California

Derrick B. Jelliffe, MD
División de Salud Familiar y de Población
Escuela de Salud Pública
University of California, Los Angeles
Los Angeles, California

E. F. Patrice Jelliffe, MPH
División de Salud Familiar y de Población
Escuela de Salud Pública
University of California, Los Angeles
Los Angeles, California

Elizabeth Jones, RD, MPH, EdD
Consultora en Nutrición Pediátrica
San Diego, California

Marshall H. Klaus, MD
Profesor Adjunto de Pediatría
University of California, San Francisco
Director de Asuntos Académicos
Oakland Children's Hospital
Oakland, California

Miriam Labbok, MD, MPH
Profesor Asociada y Directora,
Lactancia y Salud Materno-Infantil
El Instituto para Investigaciones Internacionales en Planificación Familiar Natural (IISNFP)
Departamento de Ostetricia y Ginecologia
Georgetown University Medical Center
Washington, DC

Vanda Lops, CNM
Profesora Clínica Asistente
Departamento de Medicina Reproductiva, y
Directora del Servicio de Enfermeras Comadronas
UCSD Medical Center
San Diego, California

Randy Reiches
Gerente de Cuidados de Animales
San Diego Wild Animal Park
Escondido, California

Richard Schanler, MD
Profesor Asociado de Pediatría
Baylor College of Medicine, e
Investigador, Children's Nutrition Research Center
Houston, Texas

Verónica Valdés Latorre
Pediatra
Universidad Católica de Chile
Santiago, Chile

Administrative Personnel

Cynthia Collins
Asistente de Personal

Kay Coulter
Asistente de Contabilidad

Lisa Daigle
Gerente Financiero

Kathleen Finn, MA
Directora de Servicios Administrativos

Patricia Gage, MA, RD
Asistente de Personal

Carol Guenther
Procesadora de Palabras

Monica King
Asistente de Programa Educativo

Bruny Lopez
Recepcionista

Janine Schooley, MPH
Gerente de Programa Educativo

Marlene Turpin
Secretaria/Cobros Medicos

Gail Ugarte
Coordinadora de Proyecto MCH

Susan Walker
Asistente Administrativo

Translators

Alee Alger-Robins

Rachel Cave

Momy Escalona

Judy McLean

APPENDIX 5

Pre and Post Test Scores Summary

WELLSTART
Lactation Management Education Program
February 11 - March 8, 1991

PRE- AND POST-TEST SUMMARY

Team	Disc.	Name	Pre-Test # Incorrect	Pre-Test # Omitted	Pre-Test # Correct	Pre-Test % Correct	Post-Test # Incorrect	Post-Test # Omitted	Post-Test # Correct	Post-Test % Correct	% Improvement Between Pre- and Post-Test
HG	Ped	Maria Cristina Cantú Gutierrez	4	0	11	73.33	2	0	14	93.33	20.00
HM	Ob	Juan José Carreras de Paz	9	0	6	40.00	3	0	12	80.00	40.00
HR	N	Veronica Castillo Montiel	12	0	3	20.00	2	0	13	86.67	66.67
HR	Ob	Marisela Diaz Cervantes	10	0	5	33.33	5	0	10	66.67	33.34
HMG	Ped	Ernesto Escobedo Chavez	3	0	12	80.00	3	0	12	80.00	0.00
CGO	Ped	Gerardo Flores-Nava	8	0	7	46.67	3	0	12	80.00	33.33
HMG	N	Alma Rosa Lazcano Castro	8	2	5	33.33	5	0	10	66.67	33.34
HMG	Ob	Hugo Bricio Martinez Ayala	6	0	9	60.00	5	0	10	66.67	6.67
DMI	Ob	Aurora Martinez Gonzalez*	8	0	7	46.67	6	0	9	60.00	13.33
HM	Ped	Jose Angel Perez Rosas	6	0	9	60.00	1	0	14	93.33	33.33
CGO	N	Maria del Carmen Rosas Gallegos	7	0	8	53.33	3	0	12	80.00	26.67
HR	Ped	Maria Guadalupe Serrano Perez	7	0	8	53.33	2	0	13	86.67	33.34
HM	N	Edith Sotelo Parra	10	0	5	33.33	7	0	8	53.33	20.00
CGO	Ob	Gilberto Tena Alavez	7	0	8	53.33	0	0	15	100.00	46.67
DH	OthP	Ricardo Trujillo Moreno*	7	0	8	53.33	2	0	13	86.67	33.34
		GROUP AVERAGES	7.46	0.15	7.38	49.23	3.15	0.00	11.92	79.49	30.26

*Attended first two weeks of course only. Scores not included in group averages (above) or discipline averages (below).

Ped = Pediatrician, Neonatologist, or Perinatologist
Ob = Obstetrician-Gynecologist
OthP = Other Physician
N = Nurse

CGO = Clínica Gineco-Obstétrica #4
DH = Dirección de Hospitales-IMSS (Office of Hospitals)
DMI = Dirección General Materno Infantil (Office of Maternal & Child Health
HG = Hospital General
HM = Hospital de la Mujer
HMG = Hospital Manuel Gea Gonzalez
HR = Hospital la Raza

Comparison of Scores (% Correct) by Team and Discipline

↓ Disc / Team →	Pre-Test CGO	DH	DMI	HG	HM	HMG	HR	Disc. Avg.	Post-Test CGO	DH	DMI	HG	HM	HMG	HR	Disc. Avg.	% Improvement Between Pre- and Post-Test CGO	DH	DMI	HG	HM	HMG	HR	Disc. Avg.
Nurse (4)	53				33	33	20	34.8	80				53	67	87	71.8	27				20	34	67	37.0
Pediatrician (5)	46			73	60	80	53	62.4	80			93	93	80	87	86.6	34			20	33	0	34	24.2
Obstetrician (5)	53		46.*		40	60	33	46.5	100		60.*		80	67	67	78.5	47		14.*		40	7	34	32.0
Oth. Physician (1)		53.*								87.*								34.*						
Total Physician Average by Team	49.5	53.0	46.0	73.0	50.0	70.0	43.0		90.0	87.0	60.0	93.0	86.5	73.5	77.0		40.5	34.0	14.0	20.0	36.5	3.5	34.0	
Total Team Average	50.7	53.0	46.0	73.0	44.3	57.7	35.3		86.7	87.0	60.0	93.0	75.3	71.3	80.3		36.0	34.0	14.0	20.0	31.0	13.7	45.0	

APPENDIX 6

Course Evaluation Summary

WELLSTART
Lactation Management Education Program
February 11 - March 8, 1991

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 fifteen evaluations were completed at the conclusion of the course with the following breakdown of disciplines indicated: four nurses; five pediatricians or neonatologists; five obstetricians; and one other physician. It should be noted that two physicians who completed evaluations (one obstetrician and the "other physician") partipated in only the first two weeks of the program and therefore did not complete all portions of the evaluation.

CLINICAL EXPERIENCES		Nurse	Ped	Ob	Oth Phys	Physician Avg	Physician Tot	Group Avg	Group Tot
1. Tour of UCSD and Orientation to Clinical Experiences									
Usefulness[1]		4.5	4.8	3.8	1.0	3.9		4.1	
2. Hospital Rounds									
Usefulness[1]		4.3	4.8	4.3	3.0	4.4		4.4	
# of sessions	-not enough	3	2	3	1		6		9
	-just right	1	1	2			3		4
	-too many								
	-not answered		2				2		2
# of patients	-not enough	2	4	4	1		9		11
	-just right	1	1	1			2		3
	-too many								
	-not answered	1							1
3. Oral-Motor Assessment Rounds									
Usefulness[1]		4.8	5.0	4.8	3.0	4.7		4.7	
# of sessions	-not enough	2	2	4	1		7		9
	-just right	2	2				2		4
	-too many								
	-not answered		1	1			2		2
# of patients	-not enough	2	5	3	1		9		11
	-just right	1							1
	-too many								
	-not answered	1		2			2		3

		Nurse	Ped	Ob	Oth Phys	Physician Avg	Physician Tot	Group Avg	Group Tot
4. Lactation Clinic									
Usefulness[1]		5.0	5.0	4.6	3.0	4.6		4.7	
# of sessions	-not enough	2	1	2	1		4		6
	-just right	2	4	3			7		9
	-too many								
	-not answered								
# of patients	-not enough	2	1	2	1		4		6
	-just right	2	4	3			7		9
	-too many								
	-not answered								
5. Nutrition Counseling									
Usefulness[1]		4.8	5.0	5.0	5.0	5.0		4.9	
# of sessions	-not enough	2	3	2	1		6		8
	-just right	2	2	3			5		7
	-too many								
	-not answered								
# of patients	-not enough	2	3	1	1		5		7
	-just right	2	2	3			5		7
	-too many								
	-not answered			1			1		1
6. Breast Examination Review									
Usefulness[1]		5.0	4.8	4.5	-	4.7		4.8	
AUDIO-VISUAL REVIEWS									
7. Video Tape Reviews									
Usefulness[1]		5.0	4.8	4.5	-	4.7		4.8	
8. Slide/Tape set Reviews									
Usefulness[1]		5.0	4.8	4.3	-	4.6		4.7	
FIELD TRIPS									
9. Tijuana Children's Hospital (ISSSTECALI)									
Usefulness[1]		5.0	5.0	4.2	5.0	4.6		4.7	
10. San Diego Wild Animal Park									
Usefulness[1]		4.8	4.4	3.8	-	4.1		4.3	
VIDEO TAPES SHOWN DURING COURSE									
11. "Amazing Newborn"									
Usefulness[1]		5.0	4.8	4.8	-	4.8		4.9	

	Nurse	Ped	Ob	Oth Phys	Physician Avg	Physician Tot	Group Avg	Group Tot
12. "Breasts and Axillae"								
Usefulness[1]	5.0	4.8	4.5	-	4.7		4.8	
13. "Feeding Low Birth-weight Babies"								
Usefulness[1]	5.0	4.2	4.5	-	4.3		4.5	
14. "History of the San Jose Milk Bank"								
Usefulness[1]	4.8	4.6	4.6	5.0	4.5		4.5	
15. "Mother Kangaroo -- A Light of Hope"								
Usefulness[1]	5.0	5.0	4.6	5.0	4.8		4.9	
16. "Breastfeeding: Protecting a Natural Resource"								
Usefulness[1]	5.0	5.0	5.0	-	5.0		5.0	
READING ASSIGNMENTS (For the purposes of this report, English titles are listed)								
17. Helsing & King, Breastfeeding in Practice: A Manual for Health Workers								
Did Not Read								
Length -too long		2	1			3		3
-just right	3	2	3	1		6		9
-too short								
-not answered	1	1	1			2		3
Ease of Reading[2]	5.0	4.8	4.6	4.0	4.6		4.7	
Usefulness[1]	4.5	4.8	4.5	4.0	4.6		4.6	
Use in Future? -yes	3	5	5	1		11		14
-no								
-not answered	1							1
18. Huffman and Combest, Breastfeeding: A Prevention and Treatment Necessity for Diarrhea								
Did Not Read	2	2	1			3		5
Length -too long		1	1			2		2
-just right	1	2	3			5		6
-too short				1		1		1
-not answered	1							1
Ease of Reading[2]	5.0	4.7	4.3	4.0	4.4		4.5	
Usefulness[1]	5.0	4.0	4.8	5.0	4.1		4.3	
Use in Future? -yes	1	3	3	1		7		8
-no			1			1		1
-not answered	1							1

		Nurse	Ped	Ob	Oth Phys	Physician Avg	Physician Tot	Group Avg	Group Tot
19. IISNFP, Guidelines for Breastfeeding in Family Planning and Child Survival Programs									
Did Not Read			3		1		4		4
Length	-too long								
	-just right	3	2	5			7		10
	-too short								
	-not answered	1							1
Ease of Reading[2]		5.0	4.5	4.8		4.7		4.8	
Usefulness[1]		5.0	4.0	4.6		4.4		4.6	
Use in Future?	-yes	4	2	5			7		11
	-no								
	-not answered								
20. IOCU, Protecting Infant Health (Guide to the WHO Code)									
Did Not Read		1	3	4	1		8		9
Length	-too long		1				1		1
	-just right	2	1	1			2		4
	-too short								
	-not answered	1							1
Ease of Reading[2]		4.7	4.5	5.0		4.7		4.7	
Usefulness[1]		4.7	4.5	5.0		4.7		4.7	
Use in Future?	-yes	2	2				2		4
	-no								
	-not answered	1		1			1		2
21. IPPF, Breastfeeding, Fertility, and Contraception									
Did Not Read			1	1			2		2
Length	-too long		1				1		1
	-just right	2	3	4			7		9
	-too short	1			1		1		2
	-not answered	1							1
Ease of Reading[2]		5.0	4.5	5.0	5.0	4.8		4.9	
Usefulness[1]		5.0	4.3	4.8	4.0	4.4		4.2	
Use in Future?	-yes	3	3	4	1		8		11
	-no								
	-not answered	1	1				1		2

		Nurse	Ped	Ob	Oth Phys	Physician Avg	Physician Tot	Group Avg	Group Tot
22. AED, Breastfeeding, A Guide for Health Personnel									
Did Not Read				1			1		1
Length	-too long		1				1		1
	-just right	3	2	3			5		8
	-too short		2		1		3		3
	-not answered	1		1			1		2
Ease of Reading[2]		5.0	5.0	5.0	5.0	5.0		5.0	
Usefulness[1]		5.0	4.6	5.0	5.0	4.8		4.9	
Use in Future?	-yes	3	5	4	1		10		13
	-no								
	-not answered	1							1
23. UNICEF, Facts for Life									
Did Not Read		1	1	2	1		4		5
Length	-too long	1	1	1			2		3
	-just right	1	3	1			4		5
	-too short								
	-not answered	1		1			1		2
Ease of Reading[2]		4.7	4.5	5.0		4.7		4.7	
Usefulness[1]		5.0	4.5	5.0		4.7		4.8	
Use in Future?	-yes	3	4	3			7		10
	-no								
	-not answered								
24. UNICEF, All for Health									
Did Not Read		2	1	3	1		5		7
Length	-too long		1				1		1
	-just right	2	3	2			5		7
	-too short								
	-not answered								
Ease of Reading[2]		4.5	4.5	5.0		4.7		4.6	
Usefulness[1]		5.0	4.5	5.0		4.7		4.8	
Use in Future?	-yes	2	4	2			6		8
	-no								
	-not answered								

		Nurse	Ped	Ob	Oth Phys	Physician Avg	Physician Tot	Group Avg	Group Tot
25. UNICEF, The State of the World's Children									
Did Not Read		2		1	1		2		4
Length	-too long	1	1				1		2
	-just right	1	4	4			8		9
	-too short								
	-not answered								
Ease of Reading[2]		5.0	4.8	4.5		4.7		4.7	
Usefulness[1]		5.0	4.5	4.5		4.7		4.7	
Use in Future?	-yes	2	5	4			9		11
	-no								
	-not answered								
26. WHO, International Code of Marketing of Breastmilk Substitutes									
Did Not Read					1		1		1
Length	-too long			2			2		2
	-just right	3	5	3			8		11
	-too short								
	-not answered	1							1
Ease of Reading[2]		4.5	5.0	4.6		4.8		4.8	
Usefulness[1]		4.5	5.0	5.0		5.0		4.9	
Use in Future?	-yes	3	5	5			10		13
	-no								
	-not answered	1							1
27. WHO/UNICEF, Protecting, Promoting, and Supporting Breastfeeding: The Special Role of Maternity Services									
Did Not Read			2				2		2
Length	-too long								
	-just right	3	3	5	1		9		12
	-too short								
	-not answered	1							1
Ease of Reading[2]		4.8	4.7	4.6	5.0	4.7		4.7	
Usefulness[1]		4.8	4.7	4.8	4.0	4.6		4.7	
Use in Future?	-yes	4	3	4	1		8		12
	-no								
	-not answered			1			1		1

		Nurse	Ped	Ob	Oth Phys	Physician Avg	Physician Tot	Group Avg	Group Tot
28. WHO, The Growth Chart									
Did Not Read		1		3	1		4		5
Length	-too long								
	-just right	2	5	2			7		9
	-too short								
	-not answered	1							1
Ease of Reading[2]		4.8	4.8	5.0		4.9		4.8	
Usefulness[1]		4.8	5.0	4.5		4.9		4.8	
Use in Future?	-yes	3	3				3		6
	-no								
	-not answered		2	2			4		4
29. Griffiths, Growth Monitoring									
Did Not Read		1	5	5	1		11		12
Length	-too long	1							1
	-just right	1							1
	-too short								
	-not answered	1							1
Ease of Reading[2]		5.0						5.0	
Usefulness[1]		5.0						5.0	
Use in Future?	-yes	3							3
	-no								
	-not answered								
30. Winikoff, Semeraro, and Zimmerman, Contraception During Breastfeeding									
Did Not Read		1		1			1		2
Length	-too long								
	-just right	3	4	3			7		10
	-too short		1		1		2		2
	-not answered			1			1		1
Ease of Reading[2]		5.0	4.8	4.8	5.0	4.8		4.9	
Usefulness[1]		5.0	5.0	4.5	4.0	4.7		4.8	
Use in Future?	-yes	3	4	3	1		8		11
	-no		1				1		1
	-not answered			1			1		1

		Nurse	Ped	Ob	Oth Phys	Physician Avg	Physician Tot	Group Avg	Group Tot
31. Team Reprint Collection									
Did Not Read		3		1	1		2		5
Length	-too long	1	1	3			4		5
	-just right		3	1			4		4
	-too short								
	-not answered		1				1		1
Ease of Reading[2]		2.0	3.3	5.0		3.8		3.9	
Usefulness[1]		5.0	4.8	5.0		4.9		4.9	
Use in Future?	-yes	1	5	3			8		9
	-no								
	-not answered			1			1		1
MISCELLANEOUS IMPORTANT MATTERS									
32. Program Planning Workshops									
Usefulness[1]		5.0	5.0	5.0	4.0	4.9		4.9	
# of sessions	-not enough		1		1		2		2
	-just right	3	3	4			7		10
	-too many		1	1			2		2
	-not answered	1							1
33. Syllabus									
Ease of Reading[2]		5.0	5.0	5.0	5.0	5.0		5.0	
Usefulness[1]		4.3	4.8	4.6	5.0	4.7		4.6	
34. Translation									
Understandability[4] of Seminars		4.2	5.0	4.2	5.0	4.6		4.5	
Clinic translation services	-adequate	4	5	5	1		11		15
	-not adequate								
	-not answered								
Translation of written materials	-adequate	4	5	4	1		10		14
	-not adequate			1			1		1
	-not answered								
35. Hotel Accommodations									
Adequacy[6]		5.0	5.0	5.0	5.0	5.0		5.0	
Use in Future?	-yes	3	5	5			10		13
	-no								
	-not answered	1			1		1		2

		Nurse	Ped	Ob	Oth Phys	Physician Avg	Physician Tot	Group Avg	Group Tot
36. Local Transportation									
Buses	-adequate	3	4	4			8		11
	-not adequate	1							1
	-not answered		1	1	1		3		3
Taxis	-adequate	2	4	4			8		10
	-not adequate	2							2
	-not answered		1	1	1		3		3
Hotel van	-adequate	3	5	5			10		13
	-not adequate								
	-not answered	1			1		1		2
OVERALL EVALUATION									
37. Usefulness of providing this program to multidisciplinary teams[1]		5.0	5.0	5.0	5.0	5.0		5.0	
38. Increase in Knowledge[7]		5.0	4.8	4.8	5.0	4.8		4.9	
39. Recommendation for this program to be provided for other health professionals from developing nations	-yes	4	5	5	1		11		15
	-no								
	-not answered								
40. I would rate this education program as:	-Excellent	3	5	5			10		13
	-Very Good	1			1		1		2
	-Good								
	-Fair								
	-Poor								
	-No Answer								

APPENDIX 7

Team Program Plans

PROMOCION Y APOYO DE LA LACTANCIA MATERNA EN EL HOSPITAL DE GINECO OBSTETRICIA NUMERO 3 CENTRO MEDICO LA RAZA DEL IMSS

Dra. Ma. Guadalupe Serrano
Dra. Marisela Cervantes
Enf. Veronica Castillo

English Language Summary

Promotion and Support of Breastfeeding
at Ob-Gyn Hospital Number 3, La Raza,
of the Mexican Social Security Institute

Strategies and Activities

Upon return to their hospital, the team plans to implement a breastfeeding program which includes the following:

1) Presentation of the program plan to hospital authorities.

2) Establishment of an executive committee for the program at the hospital.

3) Design and implementation of a training course in lactation management for key hospital personnel.

4) Provision of pre and postnatal education on breastfeeding to patients.

5) Provision of basic lactation management education, including advantages of breastfeeding, to all hospital staff.

6) Development of recommendations and policies for implementation of rooming-in and other aspects of the national program.

7) Development of publications on lactation and breastfeeding so that information is further disseminated.

8) Design and implementation of a system for extracting and storing human milk at the hospital.

1.0 ANTECEDENTES

El Hospital de Gineco Obstetricia Numero 3 del Centro Médico La Raza del IMSS se localiza en la zona norte de la ciudad de Mexico. Es un hospital de tercer nivel en donde se atiende embarazo de alto riesgo, especialidades dentro de la misma tales como Endocrinología, Biología de la Reproducción, Andrología, Ginecología, Oncologica Ginecológica y Mama, Neonatología, Laboratorio y Gabinete especial que van desde una biometria hematica a un hormonal completo, USG y Pruebos de Bienestar Fetal.

Cuenta con 358 camas de los cuales 136 son de maternidad y de ellas 124 estan separadas en cuartos de 3 y 4 camas.

En el año de 1990 hubo 8000 nacimientos. Cuento con una unidad de cuidados intensivos neonatales con capacidad de 20 incubadoras, en donde se permite el contacto directo entre el RN y los padres pero en horarios de visita.

El servicio de prematuros sanos y aislados cuenta con 80 incubadoras y en el las madres también tienen contacto con ellos en las mismas condiciones. Existe un cunero-sano de 110 lugares en donde a las madres solo se les permite el contacto visual sin habitación conjunta por lo que no existe lactancia al seno materno. El servicio de obstetricia esta divido en dos pisos con 66 camas cada uno catalogado como perinatologia I y II donde se ingresan diferentes patología, con un internamiento promedio de 3-4 dias en eventos obstétrico quirúrgicos no complicados y durante este tiempo no tienen contacto con sus hijos. Existe un área de puerperio de bajo riesgo con corta estancia, promedio oh. Tampoco tiene dicho contacto hasta su egreso.

Aunque el programa de habitación conjunta está contemplado dentro del sistema nacional de salud, en nuestra unidad no se lleva a cabo. Se realizan pláticas a las madres de niños prematuros en las que se da orientación, higiénico, dietetico. Al egresar la paciente y su hijo continuán su atención en unidades de segundo y primer nivel, que pertenecen a nuestra zona de población.

Existe una falta de conocimiento entre el equipo multidisciplinario de salud sobre la importancia de la lactancia materna y los beneficios de la misma, tales como nutrición, crecimiento y prevención de algunos padecimientos en el RN, técnicas de lactancia promoción, estimulación de la lactancia, relactación y formas de recolección almacenamientos y distribución de la leche materna.

Por lo anterior consideramos de gran importancia el establecimiento de un programa que capacite, promueva y desarrolle la lactancia materna dentro de nuestro hospital que involucre y difunda a su vez a otras unidades del IMSS.

1.1.0 PROBLEMAS

1.1.1 Falta de motivación y capacitación en el personal de salud para fomentar la lactancia materna.

1...2 Desconocimiento del Programa Nacional de Lactancia Materna y de la OMS y UNICEF.

1.1.3 Ausencia de normas sobre lactancia materna en el IMSS y en el hospital.

1.1.4 Falta de orientación y motivación a la madres para favorecer la lactancia materna.

1.1.5 No existe alojamiento conjunto.

1.1.6 Se utilizan fórmulas artificiales en el 100% de nuestros niños.

1.1.7 No tenemos una forma sistematizada de extracción ni almacenamiento de leche materna.

1.1.8 Al egresar los RN no tenemos seguimiento ni de él, ni de la madre. El seguimiento se hace a través de unidades de 1er y 2° nivel donde tampoco se cuenta con la adecuada capacitación sobre lactancia materna.

1.1.9 Sistema establecido por normas institucionales que proporciona leche artificial 6 meses durante el primer año de vida.

2.0 OBJETIVO Y METAS

2.1 Objetivo: Promover y apoyar la lactancia materna en el HGO3 del IMSS.

2.2 Metas:

2.2.1 Al terminar el año el 80% de el personal del hospital conocerá los beneficios y generalidades de la lactancia materna así como la declaración sobre lactancia natural de la OMS.

2.2.2 Al término de un mes presentaremos a las autoridades del hospital un plan piloto de habitación conjunta para puerperio de bajo riesgo que involucre a un porcentaje de pacientes establecido en conjunto con las autoridades.

2.2.3 Al término de 3 meses se presentará a las autoridades del hospital un plan piloto para la lactancia materna fortificada para prematuros sanos.

2.2.4 Al finalizar el año el 80% de las embarazadas que consultan en nuestra unidad quedaran informadas de los beneficios de la lactancia materna y de las técnicas para la práctica.

2.2.5 Al término de un año el 30 % de madres que egresan del hospital estarán lactando a sus RN.

2.2.6 Al finalizar el año se habían capacitado 30 miembros del equipo de salud del hospital sobre lactancia materna.

3.0 ESTRATEGIAS Y ACTIVIDADES

3.1 Presentación del programa a las autoridades del hospital.

3.2 Establecimiento del consejo directivo del programa de lactancia materna en el hospital.

3.3 Diseño del curso de capacitación al equipo de salud del hospital en lactancia materna.

3.4 Pláticas pre y postnatales sobre lactancia materna.

3.5 Pláticas al personal de la unidad sobre los beneficios de la lactancia materna y generalidades.

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3.6 Elaboración de sugerencias normativas para implementación del programa y alojamiento conjunto del sistema nacional de salud.

3.7 Diseño de impresos sobre lactancia materna para promoción y difución del programa.

3.8 Diseño e implementación de un sistema para extracción y almacenamiento de leche humana tanto en área física como equipo.

4.0 ORGANIZACION

4.1 Inscribir a través de beca para enseñanza continua a 15 alumnos para tomar adiestramiento de 40 horas en una semana.

4.2 Establecer fechas del curso (2 por año).

4.3 Elaboración de carteles de promoción, material de apoyo (película, diapositiva, rotafolio, acetatos, etc.).

4.4 Invitar docentes expertos en los diferentes temas.

4.5 Elaboración de evaluación pre y post curso.

4.6 Diseño de constancias para participantes educadores y educandos.

4.7 Discusión y aprobación de compromisos de los educandos al regresar a sus labores.

4.8 El equipo de salud capacitado, de acuerdo a las necesidades de la unidad se hará cargo del roll que le corresponda para enseñanza y entrenamiento en su área.

4.9 El equipo de salud capacitado será responsable del entrenamiento pre y postnatal por medio de pláticas, folletos, películas a derechohabientes.

4.10 Elaboración en conjunto con las autoridades del diseño de plan piloto de alojamiento conjunto.

4.11 Solicitar el apoyo de los autoridades correspondientes para diseño de áreas físicas, compra de equipo necesario, sugerencias normativas para el desarrollo de este programa.

4.12 Formación de grupo responsable y directivo del programa.

5.0 EVALUACION

5.1 Pre y post por medio de examen de conocimientos generales de la lactancia materna, al inicio y al final del curso.

5.2 Encuestas al personal (muestra) de la unidad cada año sobre lactancia materna (duración, frecuencia, medidas higiénico, dietéticos y beneficios de lo mismo).

5.3 Encuesta a la madre sobre lactancia materna (aceptación del método y apoyo recibido por el personal, duración, técnicas higiénico-dietéticas y beneficios) cada tres meses por muestreo.

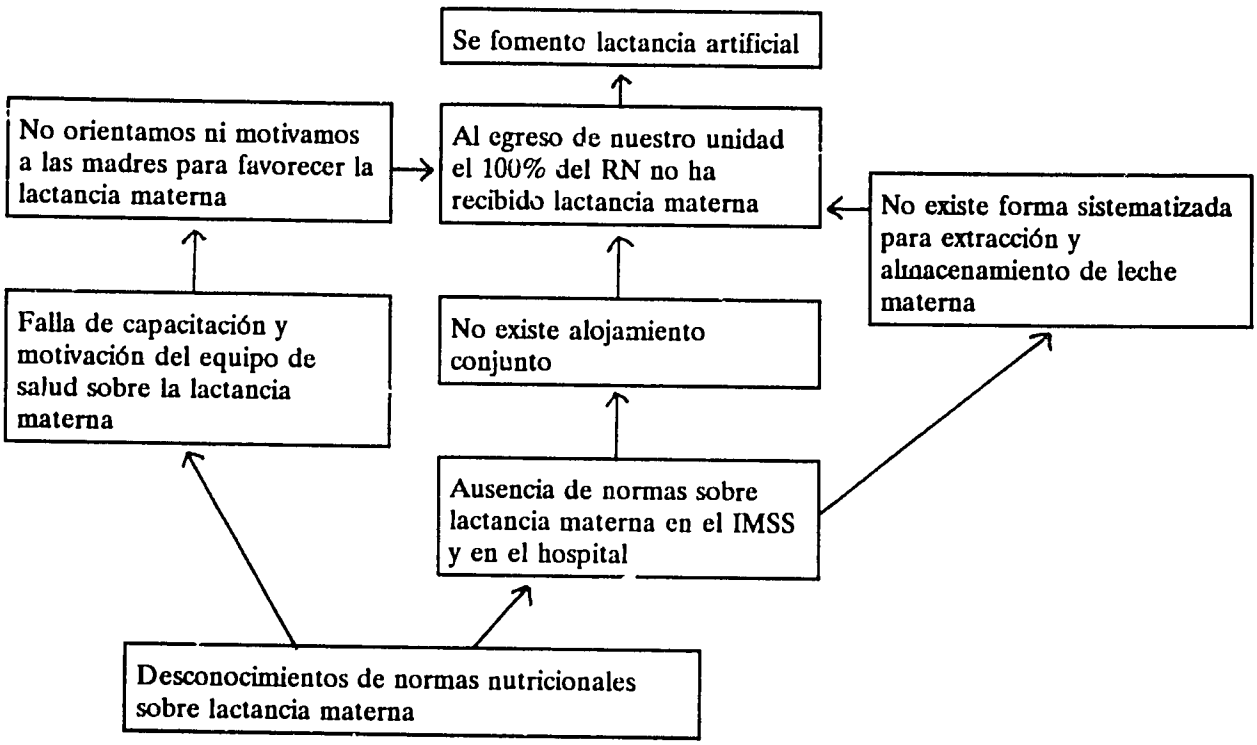
5.4 Al año recopilación de datos y resultados estadísticos para retroalimentación del curso y pláticas de promoción.

6.0 PRESUPUESTO

De acuerdo a las autoridades correspondientes, para el desarrollo del programa como son:

- Televisiones
- Videocasteras
- Material impreso
- Modificación de áreas físicas
- Bombas para extracción de leche eléctricas
- Becas a participantes
- Disponibilidad de tiempo completo del equipo de salud en lactancia materna para el programa

PROGRAMA DE PROMOCION Y APOYO A LA LACTANCIA MATERNA EN EL HOSPITAL DE GINECO-OBSTETRICIA 3 CENTRO MEDICO LA RAZA



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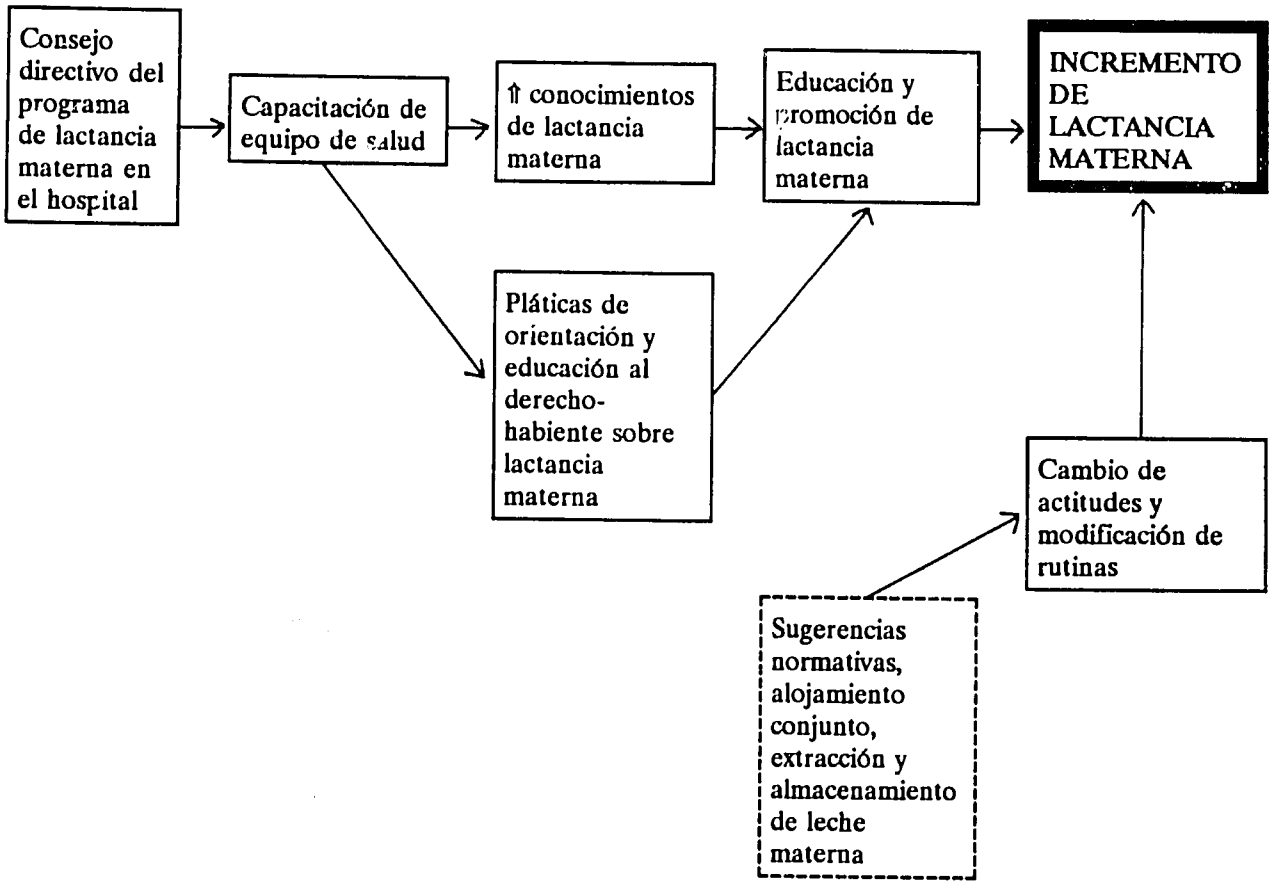
PROGRAMA DE PROMOCION Y APOYO A LA LACTANCIA MATERNA EN EL HOSPITAL DE GINECO-OBSTETRICIA 3 CENTRO MEDICO LA RAZA



ORGANIGRAMA

	ABR.	MAYO	JUN.	JUL.	AGO.	SEP.	OCT.	NOV.	DIC.	ENE.	FEB.	MAR.	ABR.	MAYO	JUN.	JUL.	AGO.	SEP.	OCT.	NOV.	DIC.
Consejo directivo	▒																				
Diseño del curso	▒	▒																			
Presentación ante autoridades			▒																		
Organización del curso			▒	▒				▒	▒					▒	▒						
Realización del curso					▒						▒						▒				
Evaluación del curso					▒						▒						▒				
Retroalimentación y ajuste del curso					▒						▒						▒				
Diseño de promoción temática y gráfica al derecho habiente y personal					▒	▒															
Pláticas de promoción							▒	▒	▒	▒	▒	▒	▒	▒	▒	▒	▒	▒	▒	▒	▒
Evaluación a madres									⇧			⇧			⇧			⇧			⇧
Evaluación al personal																		⇧			
Evaluación estadística																		⇧	⇧⇧		
Retroalimentación y ajuste																				▒	▒

LUNES

Fecha	Hora	Tema	Objetivo	Contenido	Método	Recursos	Evaluación
	8:00-9:00	• Introducción al curso • Pre-evaluación • Integración del curso	• Dar a conocer la organización del programa • Evaluar el nivel de conocimientos de los alumnos sobre el mismo • Integrar al grupo	• Organización y generalidades del curso. • Cuestionario de preguntas de opción múltiple	Exposición y evaluación a través de cuestionario escrito	• Material impreso • (Guía) • Evaluación test	
	9:00-10:00	Beneficios de la lactancia materna	Los alumnos conoceran los beneficios de la lactancia materna	Efectos sobre el niño, la madre y la comunidad	Conferencia	Material audiovisual	Evaluación del ponente por el grupo
	10:00-11:00	Anatomía de la glándula mamaria y fisiología de la lactancia	Identificar las diferentes estructuras de la mama y su funcionamiento durante la lactancia	Cambios anatomo-fisiológicos de la glándula mamaria durante la lactancia	Conferencia y demostración	Diapositiva y película	Igual
	11:00-11:15	**R**	**E**	**C**	**E**	**S**	**O**
	11:15-13:00	Amamantamiento exitoso	Identificar problemas de la madre y el niño que influyan en el exito del amamantamiento	Problemas del niño y de la madre relacionados con la lactancia	Taller y discusión en pequeño grupo	Diapositivas y rotafolio para los participantes	Igual

MARTES

Fecha	Hora	Tema	Objetivos	Contenido	Método	Recursos	Evaluación
	8:00-9:00	Diseño de programas	Los alumnos serán capaces de elaborar un programa para su unidad	Componentes de un diseño	Exposición	Material impreso	Evaluación del ponente por el grupo
	9:00-10:00	Bioquímica de la leche humana y factores inmunologicos	Conoceran la composición de la leche materna y sus factores inmunologicos	Descripción bioquímica comparativa de la leche humana y artificial componentes inmunologicos	Conferencia	Diapositivos	Evaluación del ponente por el grupo
	10:00-11:00	Lozos psicológicos	Comprenderan las ventajas que brinda la lactancia a la relación madre-hijo	Aspectos psico-sociales relacionados con la lactancia	Taller	RotAfolio	Evaluación del ponente por el grupo
	11:00-11:15	R	E	C	E	S	O
	11:15-12:00	Drogas y lactancia	Conoceran las efectos de determinados drogas en la lactancia	Fármacos y lactancia	Conferencia	Diapositivos	Evaluación del ponente por el grupo
	12:00-13:00	Método canguro	Conocer el método canguro como alternativa para el manejo de niños prematuros	Generalidades del método	Exposición	Película	Evaluación del ponente por el grupo

MIERCOLES

Fecha	Hora	Tema	Objetivos	Contenido	Método	Recursos	Evaluación
	8:00-9:00	Nutrición materna	Enumerar requerimientos nutricionales de la madre	Descripción de la nutrición materna	Clase	Material impreso diapositivas y película (Dentro de mi Mamá)	Evaluación del ponente por el grupo
	9:00-10:00	Nutrición infantil y destete	Describir los requerimientos alimenticios en el primer año de vida	Lactancia destete y ablactación	Conferencia	Tripticos y diapositivas	Evaluación del ponente por el grupo
	10:00-11:00	Crecimiento y desarrollo del lactante	Conocerán los curvas de crecimiento y desarrollo en el RN alimentado al seno materno	Curvas de crecimiento en el RN alimentado al seno materno	Exposición	Diapositivas	Evaluación del ponente por el grupo
	11:00-11:15	R	E	C	E	S	O
	11:15-12:00	Problemas de la lactancia	Identificarán las patologias que afectan el exito de la lactancia	Factores patológicos que interfieren en el amamantamiento	Conferencia	Diapositivas	Evaluación del ponente por el grupo
	12:00-13:00	Almacenamiento de leche humana	Conocer las técnicas de almacenamiento de la leche humana	Técnicas de almacenamiento	Clase	Diapositivas	Evaluación del ponente por el grupo

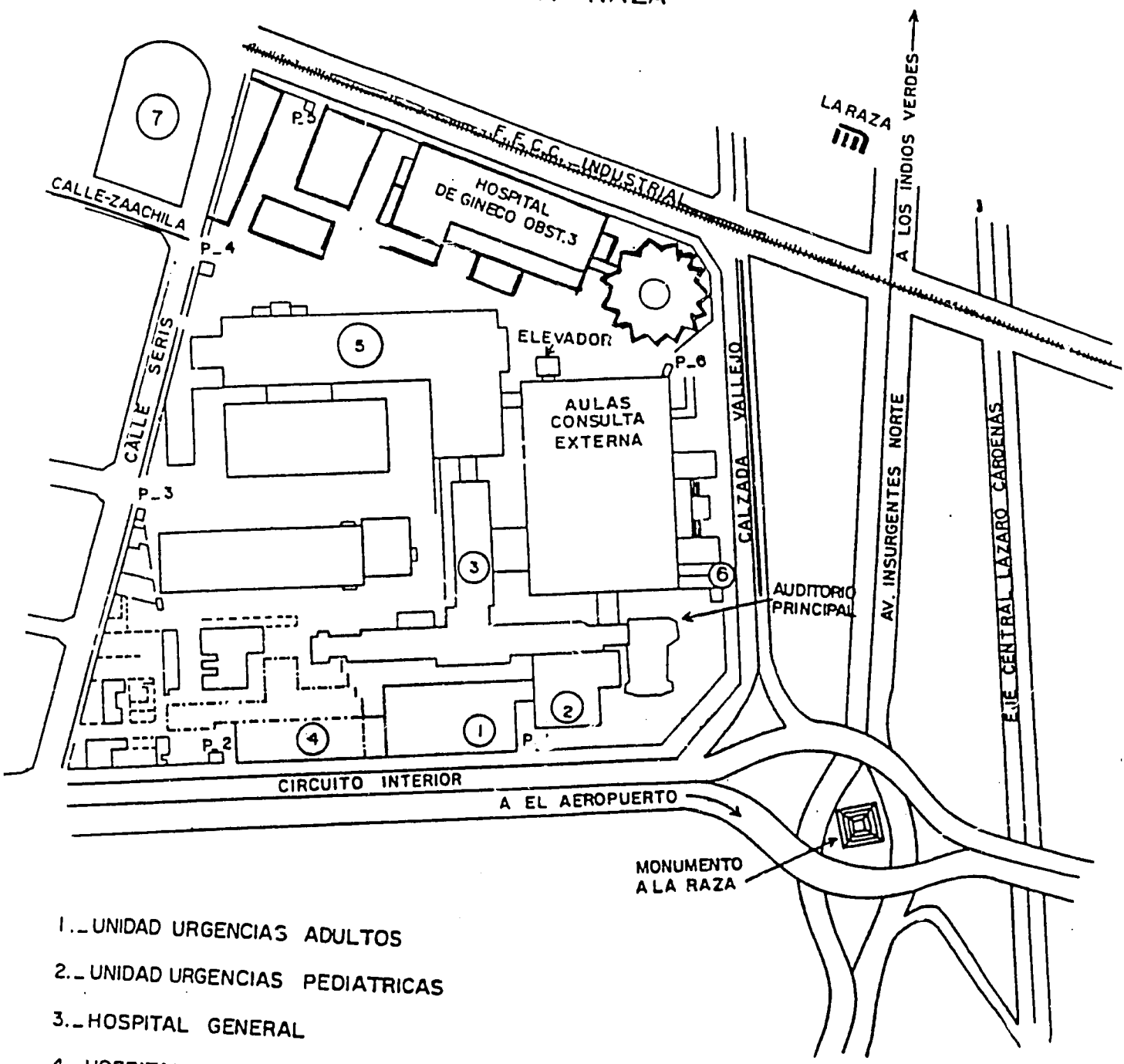
JUEVES

Fecha	Hora	Tema	Objetivos	Contenido	Método	Recursos	Evaluación
	8:00-9:00	Leche humana y prematuro	Conocer los características de la leche materna que la hacen adecuada al RN pretermino y sus problemas	Adecuación de la leche humana al prematuro	Conferencia	Diapositiva	Evaluación del ponente por el grupo
	9:00-10:00	Controversias actuales sobre la lactancia	Identificaron los problemas que interfieren en la lactancia materna	Problemas psicológicos y patológicas que afectan la lactancia	Tailer	Rotafolio	Evaluación del ponente por el grupo
	10:00-11:00	Revisión de material educativo y película: Fuera de mi Mamá		Información educativa y selección de material	video	película y diapositivas	
	11:00-11:15	R	E	C	E	S	O
	11:15-12:00	Lactancia comparativa	Conocer la lactancia materna en los diferentes especies	Descripción adaptotiva de succión en diferente mamíferos	Clase	Diapositivas	Evaluación del ponente por el grupo
	12:00-13:00	Lactancia y fecundidad	Describir la influencia del amamantamiento sobre la fertilidad	Ventajas y desventajas de la lactancia con los diferentes métodos	Conferencia	Diapositivas	Evaluación del ponente por el grupo

VIERNES

Fecha	Hora	Tema	Objetivos	Contenido	Método	Recursos	Evaluación
	8:00-9:00	Lactancia materna y gastroenteritis	Describiran la relación epidemiologica entre lactancia materna y morbi-mortalidad infantil	Roll de la lactancia materna en la prevención de la gastroenteritis	Conferencia	Diapositiva	Evaluación del ponente por el grupo
	9:00-10:00	Lactancia inducida y reiniciación de la lactancia	Definir la inducción de lactancia y relactancia	Métodos de inducir lactancia	Exposición	Diapositiva	Evaluación del ponente por el grupo
	10:00-11:00	Papel de la DOULA	Conocer el efecto del apoyo social continuo durante el T. de parto	Papel de la doula y sus efectos	conferencia	Diapositivas	Evaluación del ponente por el grupo
	11:00-11:15	R	E	C	E	S	O
	11:15-12:00	Presentación del programa	confirmar la capacidad para el desarrollo de programas	Exposición	Taller	Diapositivas	
	12:00-13:00	Evaluación final y entrega de constancias	Evaluar el nivel de conocimientos de los alumnos al final del curso	Cuestionario de post-evaluación entrega de constancias	Cuestionario escrito	Evaluación test	

UBICACION DEL CENTRO MEDICO "LA RAZA"



1.- UNIDAD URGENCIAS ADULTOS

2.- UNIDAD URGENCIAS PEDIATRICAS

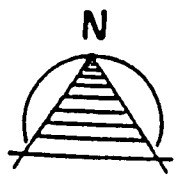
3.- HOSPITAL GENERAL

4.- HOSPITAL INFECTOLOGIA

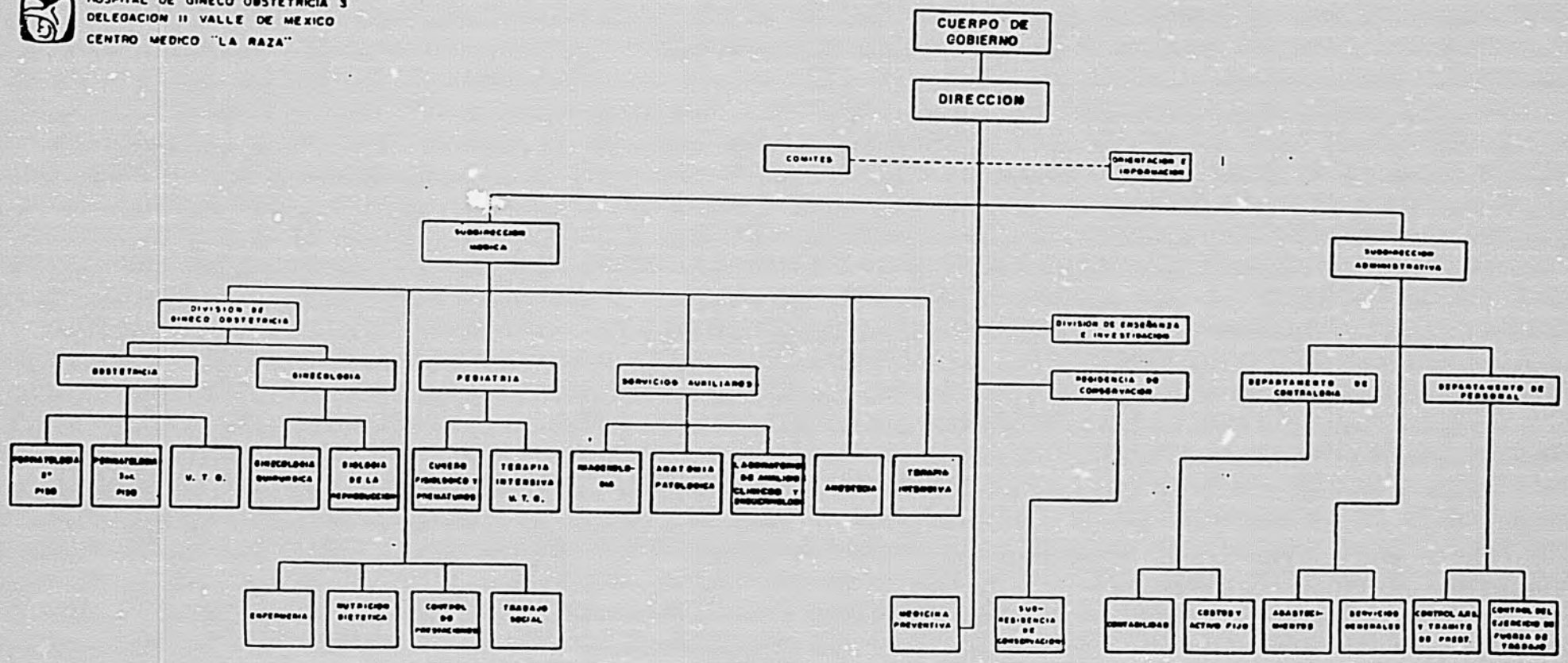
5.- HOSPITAL DE ESPECIALIDADES

6.- ENTRADA ESTACIONAMIENTO SUBTERRANEO

7.- EDIFICIO ESTACIONAMIENTO CENTRAL



HOSPITAL DE GINECO OBSTETRICIA 3
DELEGACION II VALLE DE MEXICO
CENTRO MEDICO "LA RAZA"



PROGRAMA PILOTO DE HABITACION CONJUNTA Y PROMOCION DE LACTANCIA MATERNA EN EL HOSPITAL DE GINECO-OBSTETRICIA "LUIS CASTELAZO AYALA" DEL IMSS

Dr. Gilberto Tena Alavez
Dr. Gerardo Flores Nava
Enf. Mary Carmen Rosas Gallegos

English Language Summary

Pilot Program of Rooming-in
and Breastfeeding Promotion at the
Ob-Gyn Hospital Number 4,
Luis Castelazo Ayala,
of the Mexican Social Security Institute

Strategies and Activities

Upon return to their hospital, the team plans to implement a breastfeeding program which includes the following:

1) Presentation of the program plan to the Director of the Hospital for revision, authorization and dissemination. This will also serve as a mechanism for assignment of responsibilities and obligations.

2) Provision of a training course of 40 hours (theory and practical provided in an educational/motivational way) for assigned health personnel.

3) Visits to other hospitals in the metropolitan area which have rooming-in, in order to learn and benefit from their experiences.

4) Making a few physical changes in the hospital that are considered necessary such as better lighting, etc.

5) Implementation of stricter safety measures for visitors in order to assure the security of the mother and infant pairs.

6) Implementation of rooming-in for all but contraindicated cases. This would include c-sections.

7) Orientation and education of hospital staff and patients about the rooming-in program and lactation management. This would include information for mothers on how to care for their babies.

1.0 ANTECEDENTES

Según la encuesta de mortalidad perinatal efectuada por nuestra institución en 1987, en áreas metropolitanas el 80% de las pacientes inician la lactancia al salir del hospital con una duración promedio de 4.4 meses. En zonas rurales el 94% de las pacientes inician lactancia materna, con una duración de 17 meses. Se observó también que las pacientes con mayores recurso económicos, atención médica, mayor escolaridad, y menos hijos practicaban menos la lactancia. Con relación a la ablactación en áreas metropolitanas, ⅔ de las madres la habían iniciado al mes de edad, mientras que en las zonas rurales a los 3 meses sólo se había presentado en el 37% de los lactantes.

Por otro lado es de hacer notar que en nuestra institución si bien existen programas para promover la lactancia al seno materno, esta normado que durante los primeros seis meses de vida se proporcione leche artificial para de esta forma asegurar una "buena" alimentación al neonato.

En años recientes la Organización Mundial de la Salud dicto las estrategias a seguir para promover la lactancia materna haciendo especial enfasis en la conviviencia temprono del binomio madre-hijo, politicos de información, capacitación y difusión del tema entre el personal de salud, así como normas para la comercialización de sucedaneos de la leche materna. Ante este hecho el gobierno de nuestro pais publicó en el diario oficial de la nación del 8 de julio de 1986 en el Capitolo II Articulo 10 que "todos recién nacido sin complicaciones debe inición imediatamente la lactancia al seno materno."

Nuestra institución, como columna vertebral del Sistema de Salud de nuestro pais no puede permenecer impavida ante las tendencias mundiales que en relación a salud reproductiva y alimentación infantil se estan sucitando y en respuesta a las demandas dictados por el gobierno muestra interes en actualizar su sistema de atención obstetrica tomando en cuenta al binomio madre-hijo.

Si bien es cierto que en el IMSS existe el programa de Habitación Conjunta, este sólo se ha puesto en marcha en algunos hospitales.

En relación al hospital que nos ocupa los principales obstáculos para la instalación del programa de habitación conjunta son:

- Una área física concebida para la separación del binomio madre-hijo.
- Gran flujo de pacientes debido al tamaño mismo del hospital y al programa puerperio de bajo riesgo, que contempla el alta temprana (8 hr.).
- Falta de conocimiento del programa y de los beneficios y potenciales de la lactancia materna por el personal de salud.
- Rutinas establecidos que tienden a disminuir tiempo y movimiento en los diferentes áreas de trabajo, a pesar de que vayan en detrimento de una buena atención médica. Rutinas a la que se adaptan los trabajadores y que son dificiles de modificar.

Sin embargo es del interes de la dirección del hospital establecer las condiciones del cambio realizando un programa piloto, que sirva de muestra por conocer el funcionamiento del programa y dejar el minimo de posibilidades para la improvisación en la seguridad de que si así lo muestra las resultados se la extendera al resto del hospital - en la medida que nuestras condiciones y características de las pacientes lo permitan.

2.0 METAS Y OBJETIVOS

2.1 Objetivos

2.1.1 Final: Implementar el programa de habitación conjunta en el Hospital de Gineco-Obstetricia "Luis Castelaza Ayala."

2.1.2 Inmediato: Realizar un programa piloto en 25 camas del hospital.

2.2 Metas

2.2.1 En junio se iniciará con el programa de habitación conjunta en 25 camas del hospital por un lapso de 6 meses.

2.2.2 Al finalizar el programa piloto se evaluarán resultados y extensión del programa a 50 camas del hospital.

3.0 ESTRATEGIAS

3.1 Se presentará el programa al Director de la Unidad para revisión, autorización y difusión del mismo. Así como para asignación de responsabilidades y obligaciones.

3.2 Al personal de salud asignado se le dará un curso de capacitación de 40 horas: teórico, práctico, de caracter educativo y motivacional (se anexa curricula).

3.3 Se vistarán otros hospitales en el área metropolitana que estén manejando habitación conjunta para conocer sus "modus operendi" y obtener el beneficio de su experiencia.

3.4 Se harán ajustes en las áreas físicos que se consideren necesario, ugr., mejorar iluminación de habitantes para la exploración física del neonato.

3.5 Debido que se requiere un mejor control sobre el personal y las visitas a pacientes, se implementarán las medidas de vigilancia necesarios para la seguridad del binomio.

3.6 Se incluirán al programa a todas las pacientes que sean atendidas de parto o cesarea, exceptuando aquellos en que de suyo se contraindique la lactancia, ugr. toxémios, septicos, o algún otro tipo que impida que la madre atienda a su hijo.

3.7 Con el fin de educar y orientar a nuestros pacientes sobre el funcionamiento de la habitación conjunta se les proporcionan tripticos con liniamientos sobre el manejo del bebe; Aseo, como cargar lo, como doctor - y se les proporcionan pláticas con el apoyo de rotafolio - sobre las complicaciones de la lactancia materna.

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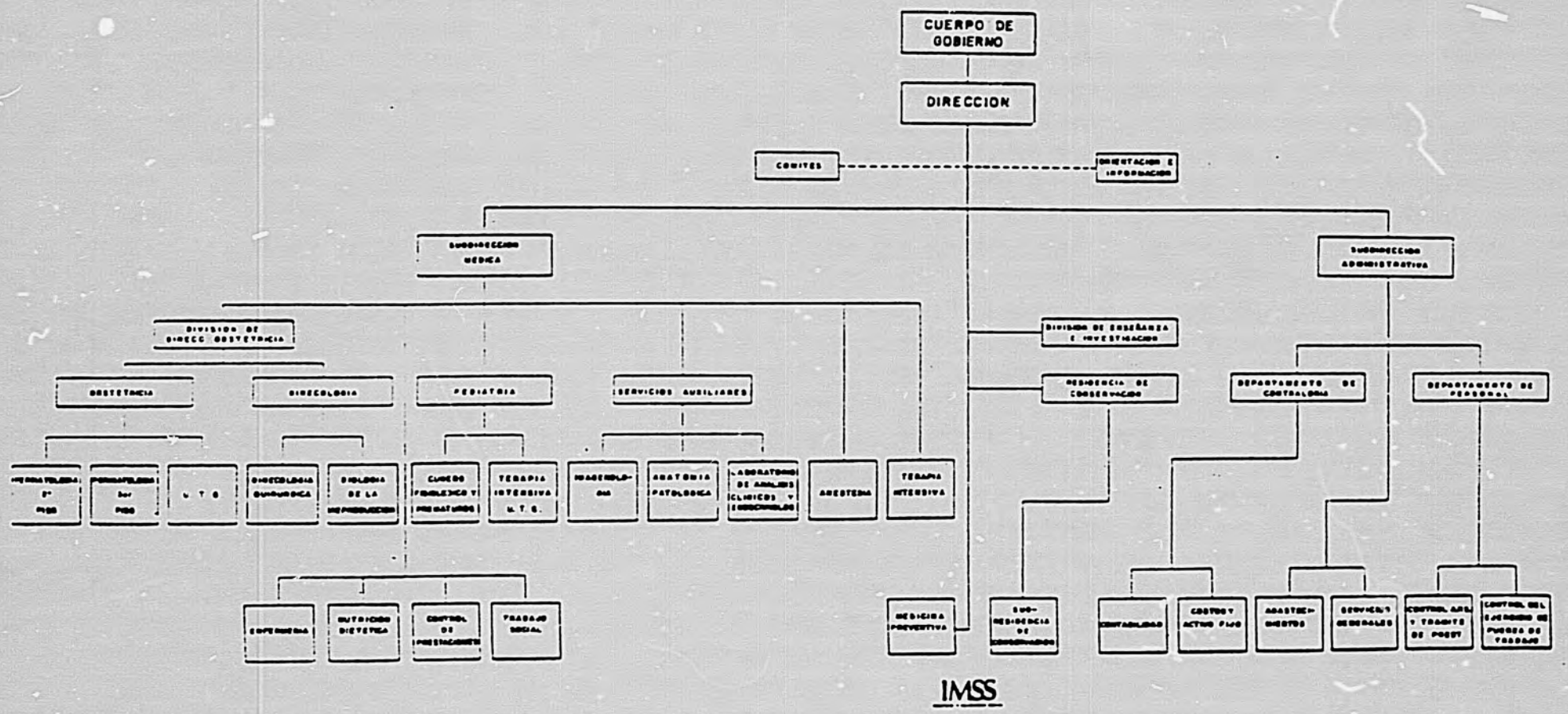
4.0 ORGANIZACION Y ACTIVIDADES

4.1 Organigrama



4.2 Actividades del personal

4.2.1 Obstetras

- Pasará visita a 25 camas
- Dara indicaciones a la paciente sobre cuidados del seno y signo de alarma
- Motivara sobre el tema
- Tratares complicaciones, vigiliara técnica de amamantamiento

4.2.2 Pediatra

- Al nacimiento se lo ofrecerá a la madre para que lo tome en sus brazos y se lo peque al seno.
- Posteriormente el beb pasará al servicio de transición donde será observado por un período maximó de dos horas dando tiempo a que la madre suba al piso.
- En piso sera _____ medido, pasado y bañado y posteriormente pasará con la mama. En caso que la mama no haya llegado esperara en el cunero.
- El pediatra pasará visita, reunara al recién nacido, al lado de su mama, conocientos con ella aspectos de la función motora oral y beneficio de lactancia materna resolverá dudas al respecto.
- Se alta se le dará un folleto con informaci sobre lactancia y cuidados del bebé.
- Participará en los programas de educación continua.

4.2.3 Enfermeria

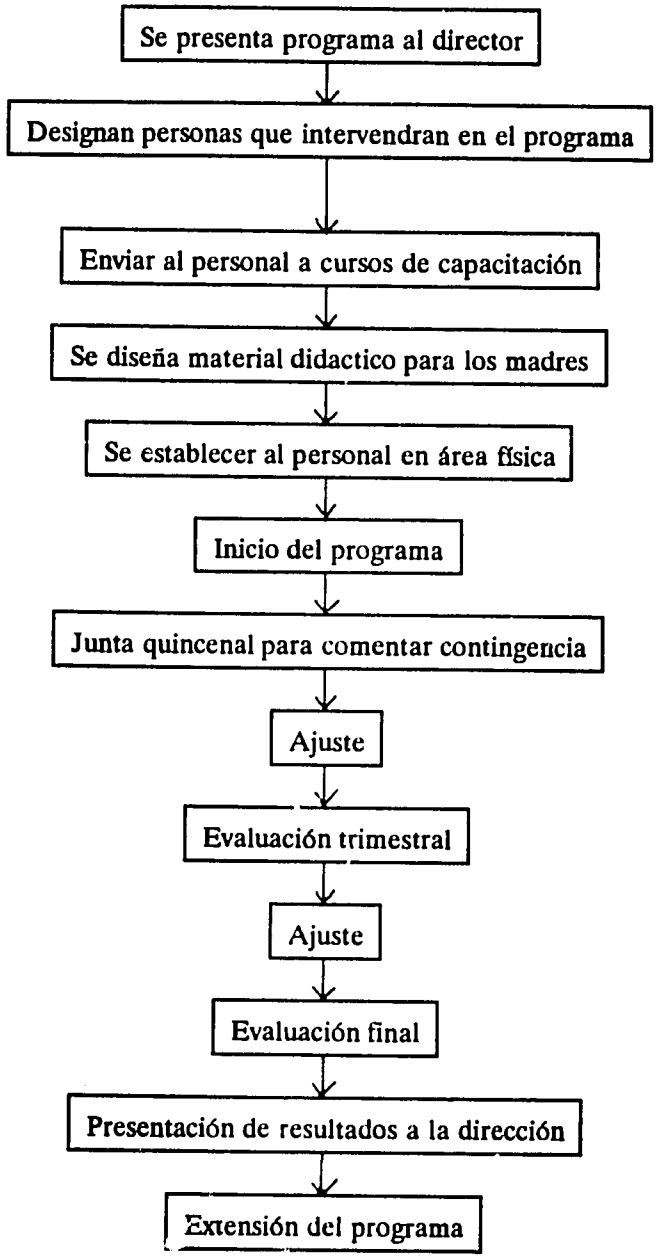
Enfermeria General:

- Responsables directa en piso de obstetricia y consultorio prenatal.
- Pasa visita diariamente con médico obstetra y pediatra.
- Orienta a la madre técnicas de amamantamiento.
- Informa al médico sobre problemas que no puede resolver.
- Se interrelaciona con dietista para orientación indivualizada.
- Supervisa a la auxiliar de enfermera genera.

Auxiliar de Enfermera General:

- Trabaja directamente con la paciente.
- Vigila y colabora con la madre para que se sigan técnicas de amamantamiento.
- Orienta y supervisa a la paciente sobre cuidados al recién nacido.
- Informa a la enfermera general sobre problemas e imprevistos sobre la lactancia.

4.3 DIAGRAMA DE FLUJO DEL PROGRAMA



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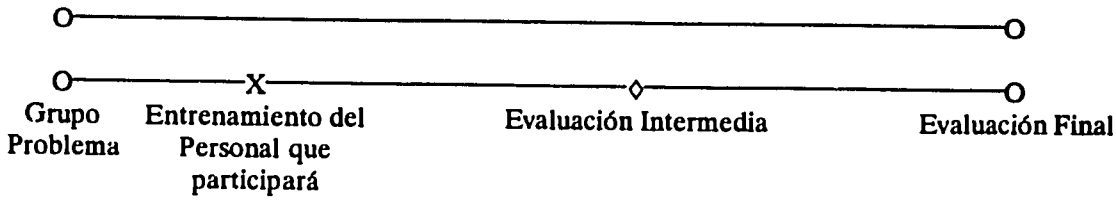
5.0 DISEÑO CONCEPTUAL DEL SISTEMA DE EVALUACION

4to piso del hospital (ala norte)

Grupo Testigo



6 Grupo testigo

- Se realizará encuesta preguntando si es correcto como se le está atendiendo. Como le gustaría que fuera atendida.
- Se observarán los complicaciones relacionados a la lactancia durante este período.

7 Grupo Problema

- Se realizará encuesta sobre si le gusto el sistema de habitación conjuunta, que beneficios le observa.
- Se observará complicaciones sobre lactancia durante este período.
- Se preguntará al personal involucrado sobre los problemas operativos.

7.1 Al final del programa se compararán los resultados de ambos grupos para establecer los conclusiones.

8.0 CRONOGRAMA

MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SEPTIEM.	OCTUBRE	NOVIEM.	DICIEM.
Presentación									
	Encuestas y designación de personal								
		Curso de capacitación							
		Modificaciones del área física							
					Programa		Piloto		
					Evaluación intermedio del programa				Evaluación Final

PROYECTO:

Programa de alojamiento conjunto y promoción de lactancia materna.

ELABORADO POR:

Dr. Ernesto Escobedo Chavez
Dr. Hugo Bricio Martínez Ayala
Enf. Alma Rosa Lazcano Castro

SEDE DE LA INVESTIGACION:

Departamentos de pediatría y ginecobstetricia
Hospital General "Dr. Manuel Gea Gonzalez"
de la Secretaría de Salud
Calzada de Tlalpan 4800
Mexico, DF CP 14,000

English Language Summary

Program of Rooming-in
and Breastfeeding Promotion at the
Dr. Manuel Gea Gonzalez Hospital
of the Ministry of Health

Strategies and Activities

Upon return to their hospital, the team plans to implement a breastfeeding program which includes the following:

1) Presentation of the program plan to the Director General of the hospital; Directors of Medicine, Administration and Education; Sub-Directors of Pediatrics and Obstetrics; and the Supervisors of Nursing, Dietetics and Social Work Divisions. The aim of this presentation will be to obtain their approval, support and cooperation.

2) Training of health personnel involved in the care of mothers and babies on the rooming-in program.

3) Formation of a breastfeeding committee which would be responsible for supervision and evaluation of the rooming-in program and for incorporating results of the evaluation into an improved program.

4) Provision of a course in lactation management (12 hours) for all medical and paramedical staff in the services of pediatrics and obstetrics, including dietitians and social workers.

OBJETIVO GENERAL:

Promover lactancia materna exclusiva entre las pacientes que acuden al Hospital General Dr. Manuel Gea González de la Secretaria de Salud, mediante la implementación de un programa.

PROBLEMAS IDENTIFICADOS EN EL HOSPITAL:

- Madre e hijos separados durante la estancia hospitalaria.
- Lactancia artificial en el 100% de los niños que nacen actualmente en la unidad.
- Falta de capacitación y motivación del personal médico y paramédico sobre lactancia materna.

OBJETIVOS INTERMEDIOS:

1. Lograr habitación compartida madre-hijo en el Hospital General Dr. Manuel Gea González.
2. Capacitación del personal médico y paramédico en lactancia materna.

HIPÓTESIS DE TRABAJO:

Si se logra habitación compartida madre-hijo y personal capacitado en lactancia materna, entonces podemos conseguir que todos los niños de término sanos que se atiendan en el Hospital General Dr. Manuel Gea González de la Secretaría de Salud reciban leche materna.

JUSTIFICACIÓN:

En el Hospital General Dr. Manuel Gea González de la Secretaria de Salud, se atienden un promedio de 3,000 nacimientos por año, de los cuales 30% requieren del paso por alguna de las salas de vigilancia o de terapia intensiva; de tal forma que aproximadamente 2,100 recién nacidos de término sanos ingresan al cunero fisiológico.

La alimentación que reciben los recién nacidos en el hospital es con leche artificial en el 100% de los casos, misma que es distribuida gratuitamente por los laboratorios farmacéuticos; de tal forma que aunque los médicos que laboramos en el hospital sabemos de los beneficios de la leche materna, no podemos indicarla en forma temprana ya que las rutinas establecidas y el hecho de que el binomio madre-hijo esten separados no lo permiten.

Es por todo lo anterior que consideramos necesario realizar algunas acciones que faciliten la lactancia materna, como serían implementar la habitación compartida madre-hijo, prohibir la lactancia artificial en los recién nacidos sanos y procurar desde luego un cambio de actitud e incremento del conocimiento en el persoual de la unidad sobre lactancia materna.

Creemos que de lograrse las modificaciones planteadas los beneficios serán múltiples; ya que por un lado incrementariamos el número de madres que egresan del hospital dando lactancia natural y por el otro la habitación compartida permitiría un mejor aprovechamiento de áreas, facilitando el aprendizaje supervisado de la madre en cuanto a lactancia materna, además de reducir el número de enfermedades respiratorias y enterales en el niño durante el tiempo que dure la lactancia, permitiendo [illegible] crecimiento y desarrollo óptimos.

4

MATERIAL Y METODOS:

A. HABITACION COMPARTIDA:

- Universo de estudio:

  Todas las mujeres embarazadas que se atiendan en el Hospital General Dr. Manuel Gea Gonzalez de la S.S.

- Tamaño de la muestra:

  Todas las mujeres embarazadas que ingresen para atención del parto al servicio de ginecobstetricia, durante el período del 1° de agosto de 1991 al 31 de julio de 1992, si cumplen los siguientes requisitos:

- Criterios de inclusión:

  1. De la Madre:

     1.1 Puerperio inmediato postparto y postcesára.

  2. Del producto:

     2.1 RN de término clinicamente sanos

     2.2 Peso adecuado para edad gestacional

     2.3 Pesos de 2,500 a 3,900 gramos

- Criterios de exclusión:

  1. De la madre:

     1.1 Preeclampsia severa

     1.2 Patología que requiera de estancia en terapia intensiva

     1.3 Patología infecciosa de la madre como endometriosis y septicemia

  2. Del producto:

     2.1 RN con edad gestacional menor de 36 semanas

     2.2 RN con peso menor de 2,500 o mayor de 3,900 gramos

     2.3 Calificación de apgar menor de 7 a los 5 minutos del nacimiento

     2.4 Patología respiratoria al nacimiento

     2.5 Malformaciones congénitas

     2.6 Patología quirúrgica

     2.7 Sospecha de septicemia

     2.8 Ictericia que requiera de fototerapia

2.9 RN pequeños para la edad gestacional

2.10 Hipoglicemia sintomática

2.11 Policitemia sintomática

- Objetivos a lograr con habitación compartida:

a) Favorecer el contacto inmediato y la relación afectiva madre-hijo desde el momento del nacimiento

b) Evitar la separación madre-hijo en el puerperio inmediato

c) Lograr que el 90% de las madres que estuvieron en alojamiento conjunto egresen del hospital dando leche materna a sus hijos.

- Estrategias:

1. Presentar al Director General, Directores Médico, Administrativo y de Enseñanza, Subdirectores de área de Pediatría y Obstetricia, Jefaturas de Enfermería, Dietología y Trabajo Social, el proyecto de alojamiento conjunto para buscar su aprobación y colaboración.

2. Capacitación del personal operativo involucrado en la atención materno infantil, en lo correspondiente al alojamiento conjunto.

3. Formación del comité de lactancia materna que se encargará entre otras acciones de supervisar el buen funcionamiento del alojamiento conjunto, evaluará los resultados al final del año de estudio y planteará las modificaciones pertinentes.

- Procedimiento:

Una vez conseguida la autorización de las autoridades para iniciar habitación compartida, se deberán hacer las modificaciones necesarias en el área física y en forma conjunta llevar acabo la capacitación del personal de los servicios de pediatría y Obstetricia; donde además de presentar los beneficios, se les darán a conocer los pacientes que podran ingresar al alojamiento conjunto (anexo 1) y la lista de actividades que deberán realizarse en el mismo (anexo 2), incluyendo la revisión del RN a los 7 días de vida. Una vez terminada la capacitación y antes del inicio del programa, se formará el comité de lactancia materna, que deberá estar integrado cuando menos por un representante de los servicios de pediatria, obstetricia, enfermería, dietología y trabajo social; todo ello con la finalidad de que exista un grupo multidisciplinario que supervise el funcionamiento del programa, además de promover y proteger la lactancia materna exclusiva en el hospital y en su área de influencia.

- Evaluación:

Deberá practicarse una encuesta (anexo 3) entre el personal médico y paramédico de la unidad y de los centros de salud que se encuentran en la misma jurisdicción, para determinar el grado de conocimiento de los mismos sobre habitación compartida y lactancia materna; en forma basal, es decir antes de haber iniciado cualquier acción.

De la misma forma se practicará una encuesta a las madres (anexo 4) que se encuentran bajo la influencia por área geográfica del hospital para determinar aspectos relacionados con lactancia y alimentación de los niños durante los 2 primeros años de la vida.

- Para la evaluación del programa de alojamiento conjunto, realizaremos un cuestionario (anexo 5) a todas las madres que tuvieron su parto en el hospital, para determinar el porcentaje de ellas que egresan con lactancia materna exclusiva y conocer cuales son los planes de alimentación que piensan seguir durante los primeros dos años de vida de su hijo; dicho cuestionario será repetido a los 6 & 12 meses de haber iniciado el programa, para determinar su efectividad en cuanto a los objetivos planteados.

  La evaluación del curso de capacitación al personal, se realizará mediante la aplicación del mismo cuestionario en el pre y post curso (anexo 6), aclarando que como en dicho curso también se incluirá todo lo relacionado con lactancia materna, entonces las preguntas estarán mezcladas.

B. CURSO SOBRE LACTANCIA MATERNA:

- Objetivos:

  Se pretende que al finalizar el curso el alumno sea capáz de:

  1. Promover lactancia materna exclusiva durante el control prenatal, postparto inmediato y control del niño sano.
  2. Enseñar a la futura madre como preparar sus senos para la lactancia.
  3. Conocer las ventajas de la leche materna
  4. Conocer las técnicas de amamantamiento.
  5. Resolver los problemas mas frecuentes que se presentan durante la lactancia.
  6. Tener actitud favorable para la lactancia natural.

- Características del curso:

  a) Dirigido a todo el personal médico y paramédico de los servicios de pediatría y obstetricia, incluyendo desde luego a las dietistas y trabajadoras sociales involucradas.

  b) Duración: 12 horas totales, 9 teóricas y 3 prácticas.

  c) Fecha: Primera y segunda semanas de julio de 1991.

  d) Lugar: Auditorio del Hospital General Dr. Manuel Gea Gonzalez de la S.S.

  e) Contenido: Ver anexo 7.

  f) Costo: Entrada libre.

  g) Evaluación *: Exámen pre y post curso (anexo 6).

- Se considerará resultado positivo si se logra un incremento del 20% en el número de respuestas correctas al comparar ambos exámenes.

DISEÑO DEL ESTUDIO:

Se trata de un estudio experimental, prospectivo y longitudinal.

VARIABLES:

- Independientes: Sexo, talla, edad, nivel socioeconómico, escolaridas.
- Dependientes: Grado de conocimiento, sobre lactancia materna, actitud prolactancia.

CRONOGRAMA:

	1991											1992									
	FEB.	MAR.	ABR.	MAYO	JUN.	JUL.	AGO.	SEP.	OCT.	NOV.	DIC.	ENE.	FEB.	MAR.	ABR.	MAYO	JUN.	JUL.	AGO.	SEP.	OCT.
Elaboración del protocolo																					
Presentación a las autoridades																					
Autorización																					
Formación del comité de lactancia																					
Capacitación del personal																					
Alojamiento conjunto																					
Evaluación del programa																					
Presentación del resultados																					

FINANCIAMIENTO:

a) Recursos humanos: Se requiere de investigador responsable, investigador principal y varios colaboradores.

b) Recursos materiales: Televisión, vidoecasetera, proyector de transparencias, videos, diapositivas, modelos, rotafolios, carteles, material escrito, báscula pediátrica, infantómetro y papelería.

c) Financieros: Se requiere apoyo para la compra del equipo necesario y pago a investigadores.

CONSIDERACIONES ETICAS:

El presente proyecto al tratarse de una investigación médica en salud, solo contempla actividades educativas en la madre y en el personal hospitalario, es por ello que no requiere de consentimiento firmado de los padres y no contraviene lo asentado en la carta de Helsinki de 1975.

DISCUSION DE LOS PROBABLES RESULTADOS:

Con la intervención programada en el presente proyecto, encontramos un incremento notable en el número de madres que egresaron del hospital dando leche materna a sus hijos recién nacido; estos resultados tan positivos creemos que fueron posibles gracias a la conjunción de tres factores: el primero es que en la unidad no existía habitación compartida madre-hijo y esto desde luego que interfería con la lactancia natural; el segundo factor pensamos que fué el haber logrado incrementar el conocimiento del personal en relación a lactancia materna exclusiva y por último el cambio de actitud que mostró el personal de salud en relación a la lactancia; todo lo anterior desde luego, sin olvidar que la respuesta de las madres fué excelente al estarles insistiendo en algo que ellas mismas consideraban bueno y natural.

Bibliografía:

ANEXOS

ANEXO 1'	Actividades de Obstetricia para Llevar a Cabo la Habitación Conjunta y Promoción de la Lactancia Materna Exclusiva
ANEXO 1	Pacientes Que Pueden Ingresar Alojamiento Conjunto
ANEXO 2	Actividades en Alojamiento Conjunto
ANEXO 3	Encuesta a Médicos y Paramédicos del Hospital y Area de Influencia
ANEXO 4	Encuesta a las Madres del Area de Influencia
ANEXO 5	Cuestionario a las Madres al Egresar del Hospital
ANEXO 6	Cuestionario Pre- y Post-Curso
ANEXO 7	Hoja Descriptiva del Curso Contenido Programatico

ANEXO 1'

Actividades de Obstetricia
para Llevar a Cabo la Habitación Conjunta
y Promoción a la Lactancia Materna Exclusiva

Se iniciaron desde el control prenatal, siendo reforzadas durante el parto y puerperio inmediato, hasta el alta de la paciente.

PRENATAL:

a) Se dará a conocer a las embarazadas los beneficios de la alimentación al seno materno y características de la leche materna.

b) Enseñarle como preparar sus mamas para facilitar la lactancia en el postparto.

c) Orientación sobre los beneficios de no utilizar anestésicos o sedantes durante el trabajo de parto normal.

d) Importancia de iniciar alimentación al seno inmediatamente después del nacimiento y que los solicite al personal que le brinde la atención.

e) Orientación para que amamanta incluso en caso de que tenga que trabajar fuera de su hogar.

f) Hacer de su conocimiento la importancia y beneficios de la habitación conjunta.

UNIDAD TOCOQUIRURGICA:

a) Se favorecerá el contacto precoz madre-hijo después del parto y el inicio inmediato de la lactancia al seno materno.

b) Se evitará la utilización de sedantes o anestésicos, en caso de no ser necesarios, para facilitar la pronta recuperación de la madre.

c) Se acercará el RN a la madre para que lo observe, lo tome y acaricie inmediatamente después del nacimiento, a excepción de bebés con Apgar menor a siete (7).

d) Posterior a la valoración y manejo pediátrico del RN, se le entregará nuevamente a la madre, la cual intentará darle pecho, excepto si alguno de los dos presenta alguna complicación.

e) Posterior a la asistencia completa de la puerpera y su RN se pasarán a la brevedad posible a la habitación conjunta en caso de no haber contraindicación.

ANEXO 1

Criterios Normativos para el Ingreso de Pacientes al Alojamiento Conjunto

A. De la madre:

1. Puerperio inmediato postparto o postcesarea.
2. Signos vitales normales en el postparto.
3. Que no se encuentre bajo efectos de sedación o anestesia.
4. Si tuviera diabetes, solo que esté compensada.
5. En caso de preeclampsia, cuando la evolución postparto sea satisfactoria y siempre previa valoración médica.
6. Que no presente enfermedades infecto contagiosas.

B. Del recién nacido:

1. Edad gestacional mayor de 36 semanas.
2. Peso adecuado para edad gestacional.
3. Calificación de Apgar mayor de 7 a los 5 minutos del nacimiento.
4. Peso al nacimiento entre 2,500 y 3,900 gramos.
5. Que no tenga problema respiratorio al nacimiento.

ANEXO 2

Actividades en Alojamiento Conjunto

TECNICA DE ALIMENTACION A SENO MATERNO.

Comprobar que el niño esté con el pañal seco y limpio. Cuando el niño está hambriento se encuentra incómodo y lo manifiesta buscando o llorando. Las temperaturas mayores de 26 grados disminuyen el mecanismo de succión del niño, por lo que arroparlo en exceso condiciona comidas cortas y hace que despierte más frecuentemente.

Lavarse las manos con agua y jabón cada vez que vaya a amamantar.

El baño diario o por lo menos el aseo local es suficiente para mantener limpios los pezones. Se debe recomendar a la madre que al terminar de dar de comer al niño, aplique un poco de su misma leche sobre el pezón para lubricarlo, con ello también se evitan procesos infecciosos por el efecto protector de la leche.

Esté tranquila y cómoda mientras amamante. Se puede dar el pecho sentada o acostada. En caso de darlo sentada, procure tener la espalda recta y coloque una almohada bajo el niño para que quede más cerca del pezón.

Al tomar al niño en sus brazos, su cara debe quedar frente al pecho de la madre. El seno debe tocar la cara del niño para que el reflejo de búsqueda se produzca.

Cuando el niño succiona es importante que tome el pezón y parte de la areola, sostenga su pecho con la mano libre en forma de letra C, es decir con el pulgar en la parte superior del seno arriba de la areola y los otros cuatro dedos en la cara inferior del seno. Con ello se dirige con mayor facilidad el pezón hacia la boca del niño.

El tiempo promedio de lactancia es de 10 a 15 minutos en cada seno, pero se debe respetar la necesidad individual de cada niño, unos comen despacio y otros más rápido.

Cada vez que amamante vaya alternando los senos, iniciando con el que terminó de dar de mamar en la ocasión anterior.

Para cambiar a su hijo al otro seno, con el dedo índice presione con suavidad la comisura labial del niño para romper el vacío que se forma y el niño suelte el pezón sin lastimarla.

Cuando su hijo termine de comer de un seno, levántelo y apóyelo sobre el hombro, dándole palmaditas en la espalda hasta que elimine el aire ingerido. Repita esta maniobra al terminar con el otro seno. Otra manera de favorecer la eliminación del aire es colocar al niño boca abajo sobre el muslo de la madre y darle unas palmaditas en la espalda.

La alimentación a seno materno debe ser a libre demanda, es decir cada que el niño quiera sin un horario estricto. En las primeras semanas el niño quiere comer con intervalos cortos, hasta menos de dos horas. Esto es normal y debe satisfacerlo ya que el calostro y la leche transicional se digieren con mayor rapidez. Al niño no le hace daño tomar leche materna con más frecuencia y por otra parte, la succión repetida favorece la producción de leche.

ANEXO 3

Encuesta a Médicos y Paramédicos del Hospital y su Area de Influencia

1. Profesión: ☐ Médico: ☐ General ☐ Pediatra ☐ Obstetra ☐ Familiar ☐ Enfermera: ☐ Especialista ☐ General ☐ Auxiliar

2. Edad: ☐ Menos de 20 ☐ Entre 20 y 25 ☐ 25 a 30 ☐ 30 a 40 ☐ Más de 40

3. Sexo: ☐ Masculino ☐ Femenino

4. Trabajo que realiza: ☐ Asistencial ☐ Privado

5. Usted habitualmente aconseja lactancia materna:
   ☐ Sí Por cuánto tiempo:
   ☐ 0-3 meses ☐ 3 a 6 meses ☐ 6 a 12 meses ☐ Por más de un año
   ☐ No Por qué? ☐ Prefiero indicar otras leches
   ☐ La leche humana no tiene ventajas
   ☐ A la leche humana le faltan nutrientes
   ☐ La leche humana es para área rural, no para ciudades
   ☐ Otra razón:_____

6. A que edad aconseja suspender la leche materna:
   ☐ 0-3 meses ☐ 3 a 6 ☐ 6 a 12 ☐ 2 años
   Por qué?_____

7. Está de acuerdo en usar thés y agua en la alimentación de los niños que amamantan?
   ☐ Sí ☐ No Por qué?_____

8. A que edad aconseja que se inicien otros alimentos distintos a la leche?
   ☐ 0-2 meses ☐ 2 a 4 ☐ 4 a 6 ☐ 6 a 8 ☐ 8 a 12 ☐ Después del año

9. Usted cree que en la actualidad hay menos madres que amamantan a sus hijos:
   ☐ Sí, A que lo atribuye:_____
   ☐ No, Cree que sería bueno que aumentara el número que los hace: ☐ Sí ☐ No
   Por qué?_____

10. Considera necesario que se de mayor publicidad y apoyo a la lactancia materna:
    ☐ No, Por qué?_____
    ☐ Sí, Sugiere algo en particular:_____

11. En caso de organizarse un curso de capacitación y promoción sobre lactancia materna, a usted le interesaría asistir:
    ☐ No, Por qué?_____
    ☐ Sí, Sería tan amable de anotar sus datos personales con teléfono, para que le avisemos si sabemos de alguno:
    Teléfono trabajo:_____
    Teléfono casa:_____

Gracias por su tiempo y cooperación.

A... 6

CURSO DE CAPACITACION EN LACTANCIA MATERNA

PRUEBA DE AUTO - EVALUACION

1. La alimentación al seno es más fácil si se inicia la educación al respecto durante:
   a. la niñez
   b. en el período de embarazo (primer trimestre)
   c. en el período perinatal
   d. último trimestre del embarazo
   e. ninguna de las opciones señaladas es correcta

2. La habitación compartida, se refiere a que madre y niño:
   a. permanezcan juntos de día y separados de noche
   b. permanezcan juntos a partir de las 6 horas de vida del niño
   c. permanezcan juntos las 24 horas y a partir del nacimiento del niño
   d. permanezcan juntos en horarios de alimentación del niño
   e. permanezcan juntos a partir del alta hospitalaria

3. El período de "sensibilidad materna" se refiere a:
   a. el período en que es mayor la sensibilidad de los pezones
   b. un período de susceptibilidad de la madre a problemas psicológicos
   c. las primeras horas post-parto
   d. nada de lo indicado es correcto
   e. cualquiera de las afirmaciones emitidas corresponde a la definición

4. En el tracto instestinal del niño alimentado al seno, se encuentra normalmente:
   a. E.coli
   b. Clostridium
   c. Lactobacillus bifidus
   d. Enterobacterias
   e. Todos los gérmenes anotados

5. La Inmunoglobulina más importante del calostro es:
   a. IgA
   b. IgD
   c. IgE
   d. IgG
   e. IgM

6. Los sindromes alérgicos asociados a la leche de vaca incluyen:
   a. Enteropatia perdedora de proteinas
   b. Dermatitis atópica
   c. Rinitis infecciosa
   d. Falla en crecimiento
   e. Todo lo indicado

Prueba de Autoevaluación 3.

7 ~~14~~. El neonato con tono hipertónico en labios y con movimientos exagerados de la mandíbula no podrá adaptar herméticamente la boca al pezón:

Falso Verdadero

8 ~~15~~. La madre que da lactancia exclusiva por 6 meses y no presenta menstruación tiene.....por ciento de riesgo de nuevo embarazo:

a. 2
b. 5
c. 10
d. 20
e. 40

9 ~~16~~. Los niños con lactancia materna tienen:

a. menor riesgo de morir por diarrea
b. menor riesgo de morir por neumonía
c. menor riesgo de ictericia
d. a y b
e. a y c

10 ~~17~~. En un bebé menor de tres meses que está con lactancia materna exclusiva, debe utilizarse:

a. vitamina A
b. vitamina C
c. vitamina D
d. todas las vitaminas indicadas
e. ninguna de las vitaminas señaladas

11 ~~18~~. Un niño con leche materna puede ininicar sólidos hacia los 5 meses de edad porque:

a. digiere mejor los alimentos
b. la leche materna ya no es suficiente aporte
c. requiere otros nutrientes de los contenidos en leche
d. todo lo indicado
e. nada de lo señalado

12 ~~19~~. La causa más frecuente de mastitis es:

a. succión pobre del bebé
b. rechazo de la leche por el niño
c. mala succión del bebé
d. cualquiera de las causas aludidas
e. ninguna de las causas señaladas

Prueba de Autoevaluación 5.

13 ~~25~~. Un niño pretérmino, que va a iniciar alimentación debe recibir:
a. leche de su madre
b. leche de nodriza
c. liquidos claros de inicio
d. leche artificial diluida para luego recibir leche materna
e. solución glucosada por lo menos 24 horas

14 ~~26~~. Algunas de las enzimas presentes en la leche humana incluyen:
a. a-amilasa
b. lipasa estimulada por sales biliares
c. lisozima
d. peroxidasa
e. todas
f. ninguna

15 ~~27~~. La IgA secretora:
a. bloquea la adhesión bacteriana y asociación del antigeno con membrana del enterocito.
b. es protectora del epitelio por el mecanismo de neutralización viral.
c. excluye el ingreso transmucoso de varios productos quimicos y productos bacterianos.
d. todo lo indicado corresponde a sus propiedades
e. nada de la anotado corresponde a sus funciones

X LUGARYFECHA.....

✓ NOMBREYAPELLIDOS.....

✓ TITULBROFESIONAL.....

X UNIDAD SANITARIA A LA QUE CORRESPONDE.....

/ccv.

ANEXO 7

Curso Teórico Práctico para Personal de Salud
"Promoción de Lactancia Materna"

Hora	Martes	Miércoles	Jueves
9:15 a 10:00	¿Porqué Lactancia Materna? Importancia: Madre, Hijo, Sociedad	Manejo de Lactancia Exitosa (manejo prenatal) = practicas =	Problemas que Influyen Sobre el Exito de la Lactancia (del bebé)
10:00 a 10:50	Aspectos Psicosociales y Culturales en Relación a la Lactancia	Manejo de Lactancia Exitosa (manejo postnatal) = practicas =	"Habitación Compartida"
11:00 a 12:00	Anatomía y Fisiología de la Mama (Lactogénesis)	Manejo de Lactancia Exitosa (película) "La Historia de Maria"	Lactancia y Supervivencia Infantil (efectos sobre el bebé y sobre la madre)
12:00 a 13:00	Nutrición Materna (audiovisual) "Dentro de mi Mamá"	Problemas que Influyen Sobre el Exito de la Lactancia (maternos)	"Redescubrimiento de la Lactancia" (película)

Nota: <u>Pretest</u>
Martes 9:00 - 9:15

<u>Postest</u>
Jueves 12:45 - 13:00

Secretaria de Salud

Proyecto de Promoción a la Lactancia Materna en el Hospital de la Mujer

Dr. Angel Perez Rosas
Dr. Juan José Carreras
Enf. Edith Sotelo

México, DF, 1991

17

English Language Summary

Breastfeeding Promotion Project
at the Women's Hospital
of the Ministry of Health

Strategies and Activities

Upon return to their hospital, the team plans to implement a breastfeeding program which includes the following:

1) Presentation to hospital authorities on the training received at Wellstart.

2) Formation of a breastfeeding committee.

3) Design of a lactation management training program for hospital personnel.

4) Modification of the curriculum for pre and post graduate courses for physicians and nurses to include information on breastfeeding and lactation management.

5) Introduction of the subject of lactation management into the continuing education courses provided at the hospital.

6) Modification of hospital routines that interfere with the establishment of breastfeeding.

7) Establishment of a rooming-in program.

8) Education of mothers about breastfeeding.

1 Antecedentes

1.1 Situación actual

Es un hospital ubicado en la zona noroeste de la ciudad de México, con atención gineco-obstetrica de tercer nivel a población abierta no derechohabiente y, de alto riesgo, con bajo nivel socio-económico en su mayoría.

El edificio consta de 4 pisos con 200 camas, distribuidas, la división de gineco-obstetricia ocupa 1°, 2°, y 3er pisos y cuenta con los servicios de oncología ginecológica y perinatología como subespecialidad, además de 4 clínicas como son tumores de ovario, esterilidad, complicaciones del puerperio y malformaciones congénitas ginecológicas. Así mismo, consulta externa, Urgencias, Unidad toco quirúrgica, unidad de cuidados intensivos, y quirófanos centrales.

La división de neonatología ocupa el 4° piso del edificio distribuido en 4 áreas como son cuidados especiales, prematuros, observación y cunero fisiológico.

1.2 Problemas

Falta de educación sobre lactancia materna por parte del equipo multidisciplinario de salud y de la población que se atiende.

Separación inmediata del binomio madre-hijo.

2 Objetivo y metas

2.1 Objetivo general

Educación y capacitación del equipo de salud para promover el programa de lactancia materna intra y extra hospitalariamente favoreciendo así, el alojamiento conjunto.

2.2 Metas

Que el 60% del personal del hospital se encuentre educado y capacitado en el lapso de un año.

Que el 50% del personal de los centros de salud de referencia (previamente asignados por la dirección general materno-infantil de la secretaria de salud) se encuentre educado y capacitado sobre lactancia materna en un lapso de un año.

Iniciar como parte del programa, la relación inmediata madre-hijo, de todos las madres y RN eutócicos sanos en un 100% en el lapso de 1 año.

Que el 100% de las madres en alojamiento conjunto amamantan a su hijo durante su estancia hospitalaria.

3 Estrategias y actividades

3.1 Información a las autoridades del hospital sobre el curso de capacitación de Wellstart.

3.2 Formación de comité de lactancia materna.

3.3 Diseño de programa de capacitación en lactancia materna.

3.4 Modificación de currícula en los cursos de pregrado y postgrado que se imparten en el hospital a médicos y enfermeras.

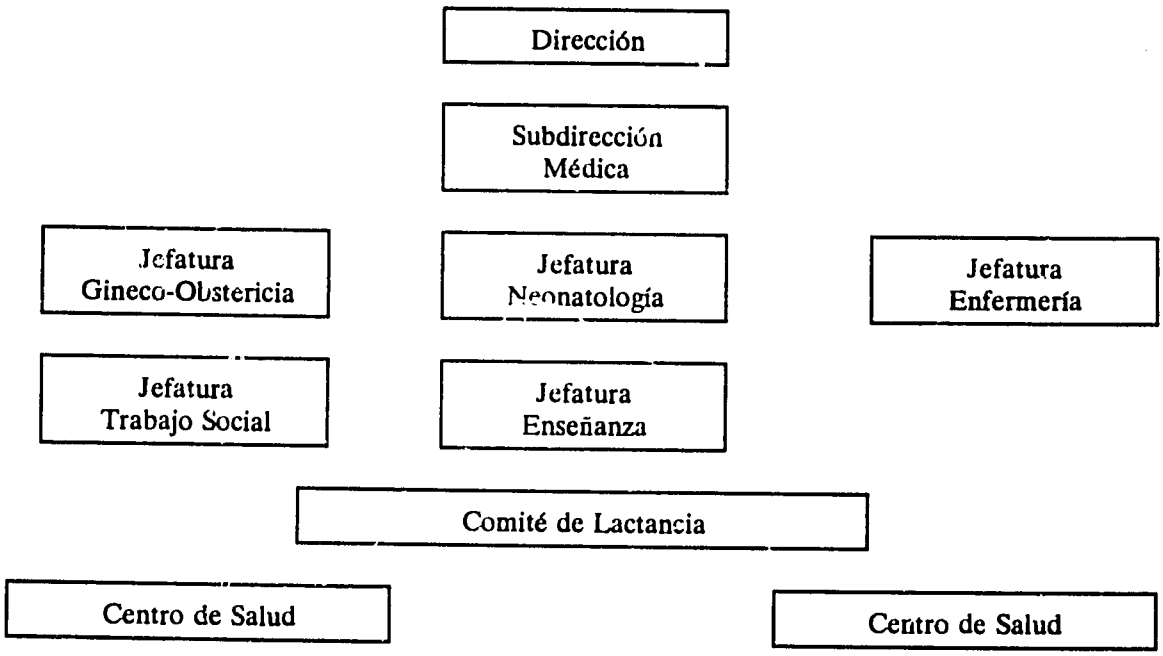
3.5 Introducción del tema de lactancia materna dentro de los cursos de educación médica continua efectuados en el hospital.

3.6 Modificación de rutinas hospitalarias que interfieran con la relación madre-hijo.

3.7 Establecer programa de alojamiento conjunto.

3.8 Educación a las madres sobre lactancia materna.

4 Organización Personal



5 Evaluación

5.1 Exámen pre y post capacitación del curso de lactancia materna (médicos y enfermeras).

5.2 Cuestionario sobre alojamiento conjunto y lactancia materna.

6 Presupuesto

6.1 Posibles fuentes de financiamiento

Subdirección administrativa (auditorio para 500 personas, 4 aulas, T.V., video, carrusel para diapositivas, pizarrones, papelería, etc.)

Population Council (información impresa como folletos, posters, etc. sobre lactancia materna).

Liga de la leche (Idem).

Voluntariado Nacional (damas voluntarias del hospital).

6.2 Justificación del presupuesto

Cambios en área física para la instalación de binomio madre-hijo y educación materna.

Instalación de programa de educación y capacitación al personal del hospital.

Anexos

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Hospital de la Mujer

Cuestionario Para Evaluación de Alojamiento Conjunto y Lactancia Materna

I Ficha de identificación

1) Nombre
2) Edad
3) Lugar de nacimiento
4) Escolaridad
5) Edo civil
6) Trabajo

II Antecedentes

G_____ P_____ A_____ C_____ (motivo)

1) Nacidos vivos
2) Muertes perinatales
3) Lactancia materna anterior si_____no_____

¿Cuánto tiempo?

¿Problemas? si_____no_____

III Datos del RN

1) Fecha nacimiento
2) Peso
3) Sexo
4) Apgar
5) Parto

IV Alojamiento y lactancia

1) Desea permanecer junto a su bebé desde el nacimiento? si_____no_____
2) Desea amamantar a su bebé? si_____no_____
3) Sabe cómo hacerlo?
4) ¿Por cuánto tiempo?
5) Qué considera mejor para alimentar a su bebé? Seno materno o fórmula?
6) Ventajas y desventajas de lactancia materna.
7) Ventajas y desventajas de fórmula.
8) Cuánto tiempo tardó en tener consigo a su bebé?
9) Cuánto tiempo transcurrió entre el nacimiento y la primera tetada?
10) Cuántas veces amamantó en 24 horas?
11) Recibió su bebé algún alimento diferente a la leche materna?

Hospital de la Mujer

Cuestionario Para Evaluación de Alojamiento Conjunto y Lactancia Materna

I Ficha de identificación

1) Nombre
2) Edad
3) Lugar de nacimiento
4) Escolaridad
5) Edo civil
6) Trabajo

II Antecedentes

G____ P_____ A_____ C_____ (motivo)

1) Nacidos vivos
2) Muertes perinatales
3) Lactancia materna anterior si_____no_____

¿Cuánto tiempo?

¿Problemas? si_____no_____

III Datos Ultimo Producto

1) Fecha nacimiento
2) Peso
3) Sexo
4) Apgar
5) Parto

IV Lactancia Materna

1) ¿Desea amamantar a su bebé? si_____ no_____ porque?_____
2) ¿Por cuanto tiempo?
3) ¿Le gustaría permanecer junto a su bebé desde el nacimiento? si_____ no_
4) ¿Qué considera mejor para alimentar a sus bebé? Seno materno o fórmula?
5) Ventajas y desventajas de lactancia materna.
6) Ventajas y desventajas de fórmula.
7) ¿Deseo amamantar a su bebé ahora? si_____ no_____
8) ¿Sabe como hacerlo?
9) ¿Cuánto tiempo tardó en tener consigo a su bebé?
10) ¿Cuánto tiempo transcurrió entre el nacimiento y la primera tetado?
11) ¿Cuántos veces amamantó a su bebé en 24 horas?
12) ¿Ha recibido su bebé algún alimento diferente a la leche materna?

Programa: Clinicas de lactancia

Hospital General De Mexico

Nombre: Dra. Maria Cristina Cantú G.
Marzo 1991

English Language Summary

A Program of Breastfeeding Clinics at the
General Hospital of Mexico

Strategies and Activities

Upon return to her hospital, Dr. Cristina Cantú, along with the existing team from this hospital, plans to incorporate the following clinical component into the ongoing breastfeeding promotion and protection efforts being undertaken at this hospital.

The plan is to establish a breastfeeding clinic at the hospital which would initially see 5-6 patients each week, 20 minutes each patient. The clinic would be open twice a week and would be staffed by a team of multidisciplinary health professionals.

In addition to providing needed clinical services, the clinic would be used for teaching purposes. Clinical rotations for pre and post graduate students in medicine will be established. In addition, the clinic will allow for expanded patient education, utilizing the waiting time and area for this purpose.

I. Introducción

El Hospital General De Mexico Pertenece a la Secretaria De Salud. Tiene una capacidad total de 1614 camas, de las cuales 43 son de obstetricia. Se atiende a pacientes de bajo nivel, que no son derecho habientes. Se atienden alrededor de 7000 partos al año.

Cuenta con alojamiento conjunto, el cual esta distribuido en cuatro salas con ocho camas cada una para la estancia posparto, el cual esta disponible para las madres con recién nacidos sanos. La madre de parto normal abandona el hospital a las 12-18 horas y las post-cesarea a las 72 horas.

Desde hace dos años se inició el programa de promoción de la lactancia materna, cuyos objetivos primordial es son el inicio del amamantamiento temprano en las primeras 2 horas de vida y promoción de la alimentación al seno materno los primeros 4-6 meses. Pero actualmente no contamos con clinica de lactancia para resolver problemas relacionados a la lactancia materna.

Para llevar a cabo esto, se capacita en forma continua al personal de salud sobre el manejo clínico de lactancia materna.

II. Objetivo

Se iniciara la clinica de lactancia con la finalidad de detectar y seguir los problemas inherentes a la misma, dar educación a las madres y contribuir a la capacitación de estudiantes de medicina y residentes.

Metas:

1) Al cabo de 6 semanas la clinica estará organizada de manera que deberá ofrecer 5-6 consultas pro semana. Con una duración pro consulta de aproximadamente 20 minutos.

2) Se pretende que en un 70% de las pacientes que consultan se resuelva el problema y contribuya a continuar la lactancia.

3) Dar educación a las madres dos veces por semana en la sala de espera General De Pediatría antes de iniciar la consulta sobre lactancia materna.

4) Un 80% de los médicos de pre y posgrado, rotarán por la clinica de lactancia, durante su estancia en el servicio de la consulta externa de pediatría.

III. Material

Se necesita un consultorio que cuente con escritorio, tres sillas, mesa de exploración, infantometro, báscula pesa-bebe, bomba de extracción de leche manual y otra eléctrica, esta última se consiguió en esta ocasión aprovechando la estancia en Wellstart y con el resto del material que se menciona ya se eventa. Y lo que respecta a historia clinica ya esta diseñada solo falta solicitar copias ó la impresión. En cuanto a material de promoción se necesita rotafolios, tripticos para apoyar las pláticas a las madres en la sala de espera.

Además necesitamos el apoyo de una dietista y trabajo social.

IV. Organización y personal

Para que se lleve a cabo la clinica de lactancia se necesitan dos médicos capacita dos sobre lactancia materna. Siendo las pediatras-neonatologas encargadas del area de hospitalización de habitación conjunta. Cunero intermedio y sala de partos. Una de ellas capacitada en Wellstart quién conadartira la consulta, la cual se dará dos veces por semana una hora diaria; inicialmente la pediatra capacitada en Wellstart acudirá los dos días a la consulta con la finalidad de capacitar a su colega; además una enfermera con igual

capacitación la cuál asistira al médico en el consultorio tomando someto-metria del niño, responsabilisándose del papel administrativo así como de la promoción sobre lactancia materna en la sola de espera de pediatría los dias que se ofrece la consulta de clinica de lactancia materna.

Los pacientes que acudiran a esta clinica procederan de los siguientes servicios: egresados de habitación conjunta, cunero intermedio terapia intensiva, cunero de prematuros y referidos de la consulta externa de pediatría.

V. Actividades y estrategias

Al empezar la clinica de lactancia es necesario contar con un consultorio, el cuál puede ser compartido, pero tenerlo disponible dos veces por semana una hora para cada dia, el cuál demandará dos médicos y una enfermera descrito su papel en organización; necesitándose además el apoyo de trabajo social así como de una dietista.

Como ya se comento la consulta estará abierta dos veces por semana, con un total de dos horas, para ofrecer 3 consultas diarias con espacio de 20 minutos para cada una, con el fin de dar 5-6 consultas pro semana.

Por otra parte la enfermera participará en la educación dos veces por semana previo al inicio de la consulta de lactancia, dando pláticas en la sala de espera general de pediatría, done se estima un auditorio de 15-20 madres cada día.

Se dialogará con el jefe de enseñanza de pediatría para solicitar la autorización de rotación por la clinica de lactancia a los alumnos de pre y posgrado; en ambos ya se instaló en la curricula los temas sobre lactancia materna.

La historia clinica que será utilizada en la consulta ya ha sido elaborada, pero no probada, por lo que será prudente dar dos meses de prueba y reevaluarla; se abrirá libreta de registro interna esto es en el consultoria para tener rápido acceso a ciertos datos.

- Elaboras los contenidos de las pláticas que se darán a las madres en la sala de espera.
- Diseñar elaborar a imprimir tripticos y reproducción de rotafolios de los ya existentes.
- Se dialogará con los responsables de áreas que van a ser fuente de pacientes para la consulta de lactancia, comunicándoles la existencia de esta y que se abren las puertas a sus servicios.

VI. Evaluación

Se evaluará el programa de clinica de lactancia a los 6 meses de que se haya iniciado.

Tendremos los siguientes indicadores.

- Número de consultas, para obtener este dato tenemos dos fuentes de facilacado la libreta interna y los expedientes.
- Porcentaje de problemas resultos la fuente de obtención va ser la comentada anteriormente.
- Número de residentes y estudiantes que pararon por la clinica; a quienes se les realizará pre y post-test.

BREASTFEEDING PROMOTION AND PROTECTION PROGRAM

BOLIVIA

Dr. Andres E. Bartos M.

BREASTFEEDING PROMOTION AND PROTECTION PROGRAM

BOLIVIA

I INTRODUCTION

The advantages of breastfeeding over artificial feeding are well known. They include reduced infant mortality and morbidity, improved infant nutrition, birth spacing, uterine involution, reduced post-partum bleeding, psychological advantages for mother and baby and economic advantages.

There is, however, a trend of decline in both prevalence and duration of breastfeeding throughout the world. Bolivia is no exception. This trend is more apparent in urban areas, due to the inclusion of mothers in the working force, the influence exerted by the most affluent urban mothers as role models, promotion of breast milk substitutes, and inadequate attention to breastfeeding and lactation management by health personnel. A survey done by the Bolivian Pediatric Society, presented at the October 1990 National Meeting, showed that due to poor knowledge of mothers, weaning was started before 4 months in more than 50% of cases and that the average duration of breastfeeding was less than 11 months. There was a negative association between duration of breastfeeding and prenatal care, hospital deliveries and cesarean sections, suggesting that mothers with greater contact with health institutions are more likely to breastfeed for shorter periods of time.

The urban population in Bolivia comprises more than 50% of the total, and it's rate of growth is greater than that of the rural population. If no action is taken at the present time, there will be a marked reduction in the practice of breastfeeding that will negatively affect the efforts to reduce the high infant mortality rates, as well as infant nutritional status.

Several international agencies and governments have recently recognized the need to promote and protect breastfeeding. The World Summit on children held in New York (September 30,1990), and the Innocenti Declaration (Florence, Italy, Aug 1, 1990) are examples of that recognized need.

In 1989, an organization for the promotion of breasfeeding was constituted in La Paz, Bolivia, under the name of "Comité Técnico de Apoyo a la Lactancia Materna" (COTALMA) by 16 health professionals from La Paz that had attended a lactation management course at Wellstart, in San Diego, California, USA. The organization has focused primarily on education of health professionals to bring about changes in attitudes and practices related to human lactation, and has participated as a recognized institution in the National Breastfeeding Committee (Maternal and Child Health Division, Ministry of Health). Over a period of two years, COTALMA has organized more than 12 courses, seminars and workshops, primarily in La Paz, but also in Santa Cruz, Oruro and Cochabamba, reaching over 200 health professionals. In October 1990 a one week course was organized for health professionals from four cities in addition to La Paz (Santa Cruz, Cochabamba, Oruro and Sucre) in order to motivate the creation of regional groups that will in turn be active in breast protection and promotion activities. Simultaneously, a seminar for university professors at the three universities where health sciences are taught, and for professors involved in post-graduate training, was held. There is a strong commitment to modify the curricula at these universities in order to include basic and scientific concepts of lactation. These activities were funded by USAID and UNICEF; Audrey Naylor,MD,DrPH and Elizabeth Creer FNP,MPH, from Wellstart were faculty, along with members of COTALMA. A course in human lactation was held as part of the National Pediatric meeting (Jornadas Nacionales de Pediatria) with Dr. Naylor as guest speaker. In January 1991, a three day course on human lactation was organized by the team from Santa Cruz that attended the one week course held in October 1990 in La Paz, for approximately 50 health professionals from different institutions. As part of the course, field visits to the major maternity hospitals were performed, including lectures and informal discussions with personnel involved in perinatal care.

COTALMA has developed a Lactation Clinic within the Pediatric Hospital in La Paz, which along with the library and slide collection, constitute a resource center in Bolivia for lactation management training.

In January 1991 COTALMA received a formal request to write the section on national breastfeeding guidelines of the revised (second) edition of the National Health Plan (Plan de Salud Nacional) of the MOH.

The activities developed so far by COTALMA have encountered two main obstacles: 1) members of the group have other responsibilities and can work on lactation promotion and training in limited periods of time and 2) there are no regular funds available to develop activities.

The following proposal focuses on breastfeeding management training through the establishment of a National Lactation Training Center. It also takes into account issues such as social marketing and clinical research in aspects related to breastfeeding. Supervision, monitoring and evaluation constitute another important area of the program.

II PROGRAM GOAL AND OBJECTIVES

PROGRAM GOAL

Promote and protect breastfeeding particularly in urban and periurban areas, in order to both improve infant nutrition and contribute to an overall reduction in infant morbidity and mortality rates.

GENERAL OBJECTIVES:

1. At the end of the program period (5 years), the National Lactation Training Center will have provided Training in Lactation Management to 150 health professionals (trainers). It is expected that these professionals will in turn provide courses and training to 2500 health professionals, in different areas of the country.

2. The program will contribute to achieve significant changes in selected health centers' routines through the teams trained at the National Training Center. It is expected that 80% of participating hospitals will apply at least 50% of the "ten steps"[1] in their maternity services.

3. At the end of the program, the number of mothers from participating Hospitals fully[2] breastfeeding at the time of discharge will increase by 50% in relation to the present number as determined by a base line study.

4. The program will contribute to the integration of breastfeeding in the curricula of health sciences schools throughout the country.

SPECIFIC OBJECTIVES

1. Establish within 6 months of the beginning of the program a National Lactation Training Center.

2. Provide ten two-week courses for 15 participants from hospitals from different regions of the country, two courses per year.

3. Provide a workshop for University professors, and develop strategies for an effective integration of breastfeeding in the curricula of health sciences schools.

4. Develop a social marketing strategy for promotion and protection of breastfeeding in health services where there is prenatal care as well as labor and delivery.

6. Promote clinical research on breastfeeding practices in Bolivia.

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[1] Protecting, promoting and supporting breast-feeding: The special role of maternity services. A joint WHO/UNICEF Statement. WHO Geneva, 1989. (See annex)

[2] Full breastfeeding includes exclusive and almost exclusive breastfeeding: exclusive means "no other liquid or solid is given to the infant"; almost exclusive means:"vitamins or juice given no more than once or twice per day, not more than 1-2- swallows".

From: Institute Issues Report #4, Report of a Meeting on Breastfeeding Definitions Held by the Interagency Group for Action on Breastfeeding, Hosted by UNICEF, April 28, 1989.

III PROGRAM STRATEGIES AND ACTIVITIES

1. ESTABLISH A NATIONAL LACTATION TRAINING CENTER

A National Lactation Training Center will be established in "Hospital del Niño", La Paz. This is a teaching, 80 bed pediatric hospital. It has an outpatient department, and there is currently a breastfeeding clinic. This clinic is located in the outpatient department of the Hospital, it is staffed by pediatricians and a nurse that have received training at Wellstart, and is used both as a service to patients as well as a teaching resource for lactation management. Patients are referred from the maternity Hospital, from other clinics in the outpatient department as well as from the community. Aproximately 50 mother-baby pairs are seen monthly. Other resources available for teaching include an auditorium, slide and overhead projectors and a video cassette recorder, (if more intensive teaching will be done, the program will have to obtain its own slide projectors, overhead and VCR). A Resource Learning Center, which includes a library (books, reprints), a slide collection, video tapes and other materials, located in the library of the Hospital del Niño will also support the Training Center.

The Training Center will provide courses for health professional teams from hospitals throughout the country, as well as for residents, health administrators, and other personnel.

1.1 Select and hire staff

The staff of the Training Center will consist of a full time director and a coordinator, both health professionals with training in breastfeeding management. The director will be responsible for the management of the program, the coordinator will assist the director in administrative as well as technical activities (organization of courses, supervision, etc.). A full time secretary will also be needed, with good typing skills as well as word processing ability.

1.2 Establish committees

An executive committee will be established, with representatives from COTALMA, MOH, and pertinent PVO's to ensure coordination of the program with other related activities, as well as to oversee the overall progress of the program.

An advisory scientific committee will be established with representatives from COTALMA, the Pediatric and Obstetric Societies, the Colleges of Physicians, Nursing and Nutrition, and the university, to help select research projects and to participate in follow-up on research activities.

1.3 Establish an office/library for the program

1.3.1 Remodeling of office space

A physical space will be sought within the Hospital del Niño to build and/or remodel an office/library for the program. Building or remodeling could be more economical than renting existing space and this area could then be utilized after the end of the program period.

1.3.2 Office/library supplies

The resource center will have to be continuously updated. Basic office supplies will have to be purchased on a regular basis.

1.3.3 Furniture/equipment

Furniture for key personnel (desks, chairs), as well as storage area for materials (books, reprints, slides, etc.) will be needed.

The necessary equipment includes a computer, a VCR (Beta) and Television, two carrousel slide projectors and replacement bulbs, an overhead projector, a screen, a "dry erase" board and "dry erase" markers.

1.3.4 Communication (postage, telephone, fax)

The program should have it's own telephone line (can be acquired locally) and have resources for postage, fax, etc.

1.4 Review and reproduce training material

A wide variety of materials have been obtained through Wellstart, including books, audiovisual materials, reprints, etc. Some of the materials have to be translated and reproduced in Spanish and some have to be brought up to date. COTALMA has around 700 slides, 300 of them will have to be translated. and a total of 1000 slides will be available, these need to be duplicated to include a master collection.

2. LACTATION MANAGEMENT TRAINING COURSES

2.1 Select and invite participants (trainers)

The trainers will be selected from different institutions based on their position, previous record of interest in the subject, and training skills. These trainers will be selected from different areas of the country, and they will be responsible to provide training and implement measures to promote and protect breastfeeding in their respective regions and working areas. These trainers will in turn organize courses for health professionals and assist in effecting modification in health center policies and procedures. They will be provided with basic skills and instruments to perform base-line and follow-up studies.

2.2 Review training curriculum

The program will include scientific facts concerning breastfeeding, practical aspects of breastfeeding management, and clinical situations. It will also focus on improving teaching skills and program planning and evaluation.

Course curriculum should cover:

- Breastfeeding and child survival
- Anatomy, physiology, biochemistry and immunology
- Management of problems
- Techniques
- Maternal and infant nutrition, weaning
- Maternal and infant pathology, use of drugs
- The milk code. Legal aspects related to breastfeeding
- Rooming-in, kangaroo care and management of low birth weight babies
- Advantages, contraindications, special situations
- Program planning
- Application of base-line and follow-up studies

An evaluation will be done using a pre-test and a post-test comparison, as well as participant evaluations of the different speakers and practical activities.

2.3 Select and invite faculty

The core faculty will include members of COTALMA (Wellstart participants) and invited guests. COTALMA includes a total of 16 Wellstart participants and it is expanding to include other health professionals that are active in promotion and protection of breastfeeding. The 16 Wellstart participants include nine pediatricians that work in four major institutions; two of which are full pediatric professors at the university; an obstetrician and an MPH physician; five nurses that work in various institutions, including MCH division of MOH and the university. They all live and work in La Paz. Each course will utilize the director and coordinator of the program as staff. In addition, 6 members of COTALMA will be available full time during each course, and three guest speakers will be invited per course.

2.4 Select centers for clinical experience

The Maternity Hospital (Instituto de Maternidad Natalio Aramayo, "IMNA"), San Gabriel Hospital and Hospital del Niño will be used for the provision of clinical experience. IMNA is the major teaching and referral center for Obstetrics in La Paz. It includes a neonatal unit, and three Wellstart graduates (two neonatologists and a nurse) work in that institution. San Gabriel is a general hospital, with around 1000 deliveries a year, the hospital has an outpatient department that includes a breastfeeding clinic under the direction of a pediatrician (a Wellstart graduate), and also a "Kangaroo Care" program in which premature babies are cared for at home if they are clinically healthy, this program has a strong component of breastfeeding promotion and is a good teaching resource.

2.4 Prepare materials
- 2.4.1 Syllabus
- 2.4.2 Reprints and other printed materials
- 2.4.3 Teaching materials for each team

In preparation for each course, a syllabus is going to be prepared, containing a list of faculty and participants, the schedule, and reading materials (reprints). Other printed materials will also be provided to each individual participant. In addition, slides and other materials will be made available to participating teams in order to ensure that they are able to reproduce the courses in their respective institutions.

2.5 Prepare baseline studies

Each team will conduct baseline and follow-up studies (see section on monitoring, supervision and evaluation). As part of the preparation for the course, the instruments for these studies will be reviewed and included in the course so the teams are familiar with them and ready to use them on return to their institutions.

2.6 Provision of lactation management courses

There will be two two-week courses provided per year. Each two-week course will be divided into two one-week sessions with a three month interval between them. The participant teams will prepare a short-term project for the immediate period after the first course segment, including the baseline studies, and a long term project following the second part of the course. There will be 15 participants per course, a total of 30 per year. It is expected that each team of three health professionals will organize courses that will reach 40 to 60 participants, so that by the end of the program period there will be 150 trained trainers, and courses will have been held for over 2500 health professionals in the major urban areas of the country.

The hospital teams trained in La Paz are expected to organize, on their return to their centers, a lactation committee within the Hospital, this committee will identify the changes needed to improve lactation within the institution. The base line Hospital evaluation will also be utilized for this purpose. The National Lactation Center will provide technical assistance through follow-up visits.

Current hospital routines that have a negative impact on breastfeeding promotion include:

- prolonged separation of infants and mothers following cesarean section,
- use of infusions ("mates") in the first few days,
- use of glucose water as first feed,
- partial rooming-in in selected hospitals.

Each hospital committee should organize a workshop, where the results of the baseline evaluation may be discussed. A proposal of hospital policies developed by the lactation committee (taking into account the national guidelines on breastfeeding, being developed by MCH with technical assistance from COTALMA and the "ten steps") could be used as a basis for discussion and approval.

Hospital policies to be implemented may include:

- Breastfeeding counseling in prenatal care
- "Natural" and "humanized" deliveries (appropriate use of drugs, anesthesia, episiotomy, forceps, C-sections, etc.)
- Early initiation of breastfeeding (within first hour post-partum)
- No bottles containing formula, glucose water or infusions ("mate")
- Unrestricted rooming-in
- Professional help with breastfeeding and adequate counseling prior to discharge
- Information on lactation clinics or support groups following hospital discharge
- No separation of mothers and breastfeeding infants in case of hospitalization

Each team will develop a plan to reproduce the information received in the National Training Center locally in their institutions.

Some institutions may elect to develop a lactation clinic, others milk banking, etc. COTALMA, through the program will provide technical assistance for these activities.

The lactation committee in each institution will develop strategies to monitor their respective programs, in addition to the base-line and follow-up studies.

3. PROVIDE A FOLLOW-UP WORKSHOP ON INTEGRATION OF CURRICULUM IN SCHOOLS OF HEALTH SCIENCES

A three day workshop was held in La Paz in October 1990 with participation by seventy professors of medicine (obstetrics, pediatrics, public health, and medical post-graduate training), nursing and nutrition from the three Health Sciences Schools in Bolivia (La Paz, Cochabamba and Sucre). As a result of the workshop, a tentative program to teach lactation was developed, and there was a strong commitment to effect curricular changes. All the groups identified the need to extend the number of hours devoted to breastfeeding with the time being used at present for discussion of formulas proportionately reduced. The changes in hospital policies and procedures that will take place as a result of this program will reinforce the messages delivered to the students concerning breastfeeding through revised curricula.

3.1 Follow-up workshop

A follow-up workshop is to be held in La Paz in October 1991 to evaluate the changes that will have taken place and to discuss strategies that might be useful in order to achieve the proposed objectives.

4. DEVELOP A SOCIAL MARKETING STRATEGY

Messages to the public, reinforcing the positive aspects of breastfeeding will be developed and tested. These messages (oral, written) will be used primarily in institutions that provide prenatal care as well as maternity hospitals prior to discharge. Eventually these messages could constitute the basis of a national mass media campaign to promote and protect breastfeeding.

4.1 Develop a Social Marketing Strategy

Specialists in the field of Social Communication will be contracted to develop strategies for the diffusion of messages. The results of the research projects could be utilized to adapt the strategies.

The materials developed will be tested in the different areas served by MOH and selected NGO's utilizing their personnel.

The messages and materials will reinforce the activities being developed in social marketing by MOH, which include health messages related to various health programs. COTALMA will coordinate the efforts and provide technical assistance.

A Social Marketing Plan could include some or all of the following:

- Printed materials (posters, hand-outs, booklets, flip charts) to be developed, tested in the community and distributed.
- Interpersonal discussions (mothers in the hospitals and other health facilities, mothers clubs, religious groups, etc.)

5. PROMOTE CLINICAL RESEARCH ON BREASTFEEDING PRACTICES IN BOLIVIA

Some of the issues that will be of use in adjusting specific strategies and activities in the program are:

- Prevalence of use of Colostrum;
- Relation between early introduction of infusions and diarrhea;
- Does cesarean section affect the duration of breastfeeding (and if yes, why?);
- How exclusive should exclusive breastfeeding be in Bolivia?
- Common weaning practices;
- Myths related to breastfeeding and weaning.

It is expected that answers to these and other questions will be helpful in the follow-up of the program and to make the necessary adjustments to it.

5.1 Invite institutions to present proposals

5.2 Present proposals to financing agencies

Different institutions such as the medical societies, the universities and other institutions with research experience will be invited to present proposals pertaining to the subject. Once the proposals are received, they will be evaluated by a scientific committee, considering feasibility, cost, duration of the study, and applicability of findings to improve or modify the program. If accepted they will be sent to the financing agency and, if accepted at that level, the necessary funds for the studies will be made available.

5.3 Perform studies and present results

5.4 Utilization of results

The studies will be carried out by the institution proposing them. COTALMA will monitor the process. A copy of the findings will be sent to the financing agency and the results evaluated and utilized by the program.

IV ORGANIZATION AND STAFF

A full time program director and coordinator and a full time secretary will be needed for the duration of the program period. The core of trainers will be COTALMA members. There will be coordination with different levels of the MOH. Other required services will be utilized on a contractual basis. (See strategies and activities for a more detailed description of the staff and the core faculty).

One possible strategy is that COTALMA will become an NGO, the program director will be the director of the organization, and it will coordinate its actions both with the Ministry of Health as well as with other NGO's and PVO's, particularly with "PROCOSI", a child survival coordination project that works closely with several PVO's. This will ensure greater stability and independence to the program than would be achieved if the program was entirely within MOH responsibility.

V SUPERVISION, MONITORING AND EVALUATION

6.1 Baseline and follow-up studies

Since reliable information on useful indicators is almost non-existent, a base-line study is needed in the initial phase of the program. A follow-up questionnaire using the same indicators will be applied towards the end of the program period.

6.1.1 Mother's survey at discharge

A hospital survey to be applied on selected mothers at time of discharge will give information on: percent of mothers exclusively breastfeeding at hospital discharge, mothers who received breastfeeding counseling during prenatal care, rooming-in, use of formulas in the hospital, age of first feeding at the breast, use of colostrum. These indicators could then be followed yearly.

6.1.2 Hospital survey

A hospital survey will be applied yearly to selected institutions to obtain information on: labor and delivery routines, policies on rooming-in, infant feeding, education of mothers, follow-up of mothers and babies, existing (written) guidelines and a committee on breastfeeding.

6.1.3 Knowledge, attitudes and practices (KAP) survey of health professionals

A KAP survey will be applied to hospital health professionals both at the beginning and after 2 years to assess changes in attitudes, knowledge and practices concerning issues related to breastfeeding.

6.1.4 Follow-up visits

There will be yearly visits to participating centers in La Paz by the director and/or coordinator of the program.

Follow-up visits at least once during the duration of the program will be made to each of the different regions in the country where there will be trained teams.

6.1.6 Workshop-seminar

A workshop-seminar will be held towards the end of the program period, probably in Cochabamba, (easier access from different areas of the country) to assess progress, identify difficulties, and develop strategies for the continuation of such a program to promote and protect breastfeeding.

SELECTED INDICATORS

1. Incidence and duration of breastfeeding
   - 1.1 Proportion of mothers leaving the maternity hospital with fully breastfeeding
   - 1.2 How long do mothers that initiated breastfeeding
     - a) plan to maintain full breastfeeding before introducing other foods
     - b) plan to breastfeed (including the period when other foods have been introduced)

2. Prenatal care
   - 2.1 Percent of mothers with prenatal care
     - Number of visits, where was care provided?
     - Was breastfeeding discussed?
     - Was nutrition discussed?

3. Birthing environment
   - 3.1 Drugs, anesthesia, episiotomy, type of delivery.
   - 3.2 Interval between delivery and first attachment to the breast
   - 3.3 Other feedings or water received before breast, and during hospital stay
   - 3.4 Rooming in (total, partial)
   - 3.5 Samples, gifts received in the hospital

4. Hospital routines
   - 4.1 Is there a written hospital policy concerning breastfeeding
   - 4.2 Trained health personnel
   - 4.3 Routine feeding schedules for vaginal and cesarean babies

5. Training program
   - 5.1 Number of courses per year (National, regional and hospitals)
   - 5.2 Number of professionals trained (by profession, number of hours)
   - 5.3 Pre- and post-test (% of correct/incorrect answers)
   - 5.4 Number of secondary and tertiary beneficiaries of the training program (health staff and mothers)

The program coordinator will visit selected hospitals in La Paz and will do at least one follow-up visit to all the cities that will have teams trained at the National Center

VI BUDGET

(Amounts are in SUS dollars)

ACTIVITY				IN KIND
ESTABLISH A NATIONAL LACTATION CENTER				
1. Select and hire staff	Month	Yearly	Total 5 years	
Program director	1,000	12,000	60,000	
Coordinator	900	10,800	54,000	
Secretary	300	3,600	18,000	
Training, follow up and technical support through Wellstart				179,033
SUB-TOTAL	2,200	26,400	132,000	179,033
2. Remodeling of an office for the program	10,000		10,000	6,000
Office supplies	100	1,200	6,000	
Furniture and equipment	7,500	7,500	7,500	
Electricity, water, etc. at 200 SUS/mo				12,000
SUB-TOTAL	17,600	1,200	23,500	18,000
3. Review training material				5,116
Translation and elaboration of 300 slides	600	600	600	
Duplicate 1000 slides X 3 at .60 SUS ea	1,800	1,800	1,800	
SUB-TOTAL	2,400	2,400	2,400	5,116
TOTAL	22,200	30,000	157,900	202,149

100

LACTATION MANAGEMENT TRAINING.	Course	Year	Total 5 years	
4. Organize courses				
Per diem (US 30 x 15 participants x 6 days)	2,700	10,800	54,000	
Transportation (SUS 60 x 15 paticipants)	900	3,600	18,000	
Materials (SUS 10 x 15 participants)	150	600	3,000	
Core faculty (6) SUS 250.- each per one week course	1,500	6,000	30,000	
Invited guests (3) SUS 25.- per lecture	75	300	1,500	
Teaching materials for each team (SUS 100)	500	2,000	10,000	
Use of auditorium and other facilities at Hospital del Niño				1000
SUB-TOTAL	5,825	23,300	116,500	1,000
TOTAL			116,500	1,000

CURRICULUM INTEGRATION				
5. Follow-up workshop 30 participants				
Transportation (SUS 60 x 30 participants)	1,800	1,800	1,800	
Per diem (SUS 30 x 30 participants x 3 days)	2,700	2,700	2,700	
SUB-TOTAL			4,500	
TOTAL			4,500	

SOCIAL MARKETING				
6. Contract Social Marketing expert	5,000		5,000	
SUB-TOTAL			5,000	
TOTAL			5,000	

RESEARCH				
7. Five research projects, $US 8000 per project	40,000	40,000	40,000	
SUB-TOTAL			40,000	
TOTAL			40,000	

SUPERVISION, MONITORING AND EVALUATION				
8. Hospital Survey				
Develop and print questionnaires	250	250	250	
9. Mothers' questionnaire				
Develop and print questionnaire	250	250	250	
10. KAP survey to health staff				
Develop and print questionnaire	250	250	250	
11. Follow-up visits	1,500	1,500	1,500	
12. Workshop	10,000	10,000	10,000	
SUBTOTAL			12,250	
TOTAL			12,250	

GRAND TOTAL			336,150	203,149

BUDGET JUSTIFICATION

ESTABLISH A NATIONAL LACTATION CENTER

1. Select and hire staff

In order to ensure continuity of the program, it is necessary to provide salaries for the personnel, for the duration of the program. The amounts are intended to be competitive, so that the personnel will be adequately qualified.

The amount spent by Wellstart since 1985 until March 1991, in technical assistance, two courses provided for bolivian participants (1986 and 1988), a fellowship in 1991 and two follow-up trips to Bolivia reaches a total of $US 179,030.-

2. Remodel an office for the program

An office space for the personnel is needed, it should be located in the vicinity of "Hospital del Niño" to facilitate access to materials, better coordination and supervision of courses, etc. A physical space within the hospital will be sought, that will be remodeled. The cost would be lower than renting a similar space, the hospital will pay for utilities, and there is more likelihood of continuity of the program with this option.

The office will have to be furnished (three desks and chairs, a computer table, bookcases and filing cabinets). A computer with a good word-processing progam, a printer, as well as some basic teaching equipment (at present COTALMA is dependent on Hospital del Nino to borrow a slide programor, VCR, etc.).

A phone line will be neede to ensure adequate communications, FAX will be used as needed as well as regular post office services. The program will require the necessary funds for these activities.

3. Review training material

The resource center includes an important slide collection, books, reprints, breast pumps, teaching dolls and other miscellaneous materials. An amount of $US 5,116.- has been spent for the acquisition of those materials through Wellstart. Around 300 slides are in English and have to be translated and reproduced in Spanish. Because of the importance of this material, all slides should be available in at least three samples, one being the master collection.

LACTATION MANAGEMENT TRAINING.

4. Organize courses

Teams will be selected from different areas of the country. The average transportation fee is $US 60.- per person, per diem is $US 30.- per person, they will be provided with some materials to be utilized during the course (individual), as well as some teaching materials that each team can select for a maximum of $US 100 per course.

Six members of COTALMA will constitute the Core faculty in addition to the program director and coordinator. They will be involved for the entire duration of the course, a global fee is contemplated for their time disposal. Other guests speakers will receive a fixed fee per lecture guiven.

CURRICULUM INTEGRATION

5. Follow-up workshop 30 participants

Transportation and per diem will be provided for 30 participants from other areas, for a total of three days.

SOCIAL MARKETING

6. Develop a Social Marketing Strategy

The services of a social marketing expert will be procured to develop a general strategy, develop and test materials.

CLINICAL RESEARCH

7. Five resarch programs

Each research program will include it's own budget. The program will have the possibility of financing five research programs to a maximum of SUS 8000.- each.

SUPERVISION, MONITORING AND EVALUATION

8. Hospital Survey

A small questionnaire will be developedprinted, utilized and tabulated in two oportunities. An aproximate cost of SUS 250 should cover for expenses.

9. Mothers' questionnaire

See above

10. KAP survey to health staff

See above

11. Follow-up visits

At least one visit to each region by one person. Each three day visit will cost SUS 60.- transportation, SUS 30 x 3 per diem, SUS 150.- per visit, and there will be ten visits.

12. Workshop

A workshop will take place towards the end of the five year program for aproximately 30 participants from different areas, duration: three days.

The total amount is SUS 539,299.-, the contributions in kind reach SUS 203,149.- so the project requires SUS 336,150.-

TIMELINE 1991

ACTIVITY	JUL	AGO	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
ESTABLISH A NATIONAL LACTATION CENTER												
Select and hire staff												
Establish an executive committee												
Procure an office for the project												
Purchase office supplies												
Purchase furniture and equipment												
LACTATION MANAGEMENT TRAINING.												
Select and invite participants												
Select and invite Faculty												
Prepare baseline studies												
Courses												
CURRICULUM INTEGRATION												
Follow-up workshop												

SOCIAL MARKETING												
Contract social marketing expert					■							
Develop materials						■	■	■				
Field test of materials									■	■	■	
Utilization												■
Evaluation												

RESEARCH												
Invite institutions to present proposals			■									
Present proposals to financing agencies												

SUPERVISION, MONITORING AND EVALUATION												
Mothers hospital survey						■						
Hospital Survey						■						
KAP survey health staff							■				■	
Follow-up visits												
Workshop seminar												

TIMELINE 1991-1996

ACTIVITY	1991	1992	1993	1994	1995	1996
ESTABLISH A NATIONAL LACTATION CENTER						
Select and hire staff						
Establish an executive committee						
Procure an office for the project						
Purchase office supplies						
Purchase furniture and equipment						
LACTATION MANAGEMENT TRAINING.						
Select and invite participants						
Select and invite Faculty						
Prepare baseline studies						
Courses						
CURRICULUM INTEGRATION						
Follow-up workshop						

SOCIAL MARKETING						
Contract social marketing expert						
Develop materials						
Field test of materials						
Utilization						
Evaluation						

RESEARCH						
Invite institutions to present proposals						
Present proposals to financing agencies						

SUPERVISION, MONITORING AND EVALUATION						
Mothers hospital survey						
Hospital Survey						
KAP survey health staff						
Follow-up visits						
Workshop seminar						