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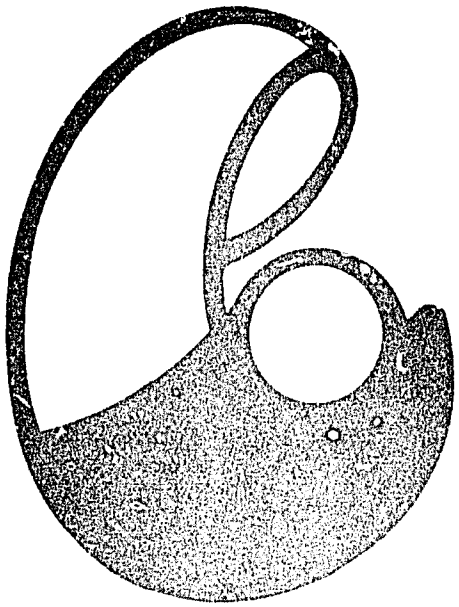
A Historical Review of the Parana Breastfeeding Promotion Project



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A Historical Review of the Panama Breastfeeding Promotion Project

Sandra L. Huffman, Sc.D.

Center to Prevent Childhood Malnutrition

and the

Johns Hopkins University

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NUTRITION COMMUNICATION PROJECT

Academy for Educational Development
1255 23rd Street, N.W.
Washington, DC 20037

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS vii

EXECUTIVE SUMMARY 1

I. BACKGROUND 4

II. THE PROJECT 8

III. ASSESSING PROJECT IMPACT ON BREASTFEEDING 8

A. KAP OF PROFESSIONALS 9

B. KAP OF MOTHERS ATTENDING HEALTH CLINICS 9

C. SURVEYS OF BREASTFEEDING PRACTICES 10

D. SURVEYS OF WORKING WOMEN'S COMPONENT 10

E. HOSPITAL SURVEYS 10

IV. DESCRIPTION OF ACTIVITIES AND RESULTS 10

A. NATIONAL ACTIVITIES 10

1. Training 10

2. Mass Media 10

B. REGIONAL ACTIVITIES 11

1. Regional Training 15

2. Regional Strategies, by Region 16

3. Regional Impact: Results from Hospital Surveys 25

C. ACTIVITIES OF OTHER GROUPS 30

D. MILK BANKS 31

E. WORKING WOMEN'S COMPONENT 34

F. PROLACMA INFORMATION CENTER 37

V. PROJECT FINANCES 38

VI. CONCLUSION 39

VII. REFERENCES 40

Figures

Figure 1. Feeding Practices Among Infants in Urban Panama 6

Figure 2. International Guidelines for Optimal Breastfeeding Practices 7

Figure 3. Map of Panama 14

Figure 4. Mean Duration of Breastfeeding in Panama 1979 and 1984/85 29

Tables

Table 1. Breastfeeding Practices in Panama by Region, 1984-85 13

Table 2. Number of Personnel Trained Through Regional Breastfeeding Workshops and Associated Costs 15

Table 3. Number of Recipients of Breastfeeding Education 16

Table 4. Numbers of 2-oz Bottles Prepared for Newborns in Two Hospitals in Coclé, Panama 19

Table 5. Number of Bottles of Formula Prepared in Hospital Jose Domingo de Obaldia, David, Chiriquí 22

Table 6. Formula Used for Newborns and Bottles Purchased by the Hospital Regional Santiago Veraguas 23

Table 7. Time Between Delivery and First Breastfeed by Type of Delivery . . . 28

Table 8. Number of Bottles of Infant Formula Prepared at Hospital San Tomas, Panama City, 1980-85 32

Table 9. Project-Established Milk Banks in Panama 33

Table 10. Distribution of Milk Bank Milk Reported in Hospital Surveys 33

Table 11. Groups Participating in Working Women Workshops 37

Table 12. Cost of the Panama Breastfeeding Promotion Project 38

Appendices

Appendix 1	**Questionnaire for Hospital Surveys**
Appendix 2	**KAP Questionnaire for Obstetricians**
Appendix 3	**KAP Questionnaire for Pediatricians**
Appendix 4	**KAP Questionnaire for Mothers**
Appendix 5	**KAP Questionnaire for Working Women**

LIST OF ABBREVIATIONS

AED	Academy for Educational Development
A.I.D.	Agency for International Development
APHA	American Public Health Association
ARI	Acute Respiratory Infections
COIF	Centros de Orientación Infantil
CSS	Commisión de Seguridad Social
DINNFA	Dirreción Nacional del Niño y la Familia
DRU	Departamento de Relaciones con el Usario
INCAP	Instituto Nutricional de Centro America y Panamá
JHU	Johns Hopkins University
LAC	Latin America and Caribbean (A.I.D. Regional Bureau)
MOH	Ministry of Health
PAHO	Pan American Health Organization
PROLACMA	El Proyecto Panameño de Promoción de Lactancia Materna
ROCAP	Regional Office for Central America and Panama
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

Nationwide surveys conducted in Panama in the late 1970s and early 1980s showed relatively short durations of breastfeeding, and especially of exclusive breastfeeding. In 1980, only 16% of infants up to two months of age were exclusively breastfed.

Concern for the health consequences of this pattern led to the Panama Breastfeeding Promotion Project (El Proyecto Panameño de Promoción de Lactancia Materna), developed by the National Commission for the Promotion of Breastfeeding. The project was funded by the U.S. Agency for International Development (USAID) and conducted through the Ministry of Health, with technical assistance provided by the Instituto Nutricional de Centro America y Panamá (INCAP) and the Pan American Health Organization (PAHO). The project operated from September 1983 through December 1987.

The Breastfeeding Promotion Project was designed to be executed by local, inter-sectoral commissions in 11 regions throughout Panama. Project activities included:

- training health professionals and educating the public about the benefits of breastfeeding;
- establishing milk banks in hospitals in six regions;
- promoting breastfeeding among working women;
- disseminating information through PROLACMA, the local La Leche League affiliate; and
- implementing mass media campaigns.

Project Components

The number and type of project activities varied between regions, but most local interventions were based on training health professionals and promoting changes in hospital practices. National, regional, and local seminars and workshops were held throughout the country. Health workers from the hospitals and clinics in each region participated in the training. Most communication activities were developed locally and regionally to educate the general public about the importance of breastfeeding. Communication materials included posters, pamphlets, radio spots, and billboards.

Health worker training emphasized national norms regarding rooming-in and restricted use of bottles in postpartum wards. Supervisors reviewed these practices on their site visits. Changes

in hospital practices and increased availability of milk banks were associated with reduced use of formula in many hospitals. An information center set up by the project provided limited technical support for the training and communications activities. The center also produced some educational materials that were used in training.

Working Women's Component

Although Panamanian law supports breastfeeding among working women, the problems experienced by this group are often cited as one reason for the short average duration of breastfeeding in Panama. The project attempted to characterize the problems that working women had with breastfeeding and then to develop solutions. Interviews with more than 1,000 working women showed that the legislation authorizing maternity leave, nursing breaks, and creches at the worksite was seldom enforced.

The component of this project that addresses breastfeeding and working women is one of the first to examine this subject. Project findings emphasize the need to train health professionals and new mothers about methods for maintaining breastmilk output when mothers are separated from their infants. Findings also identified the need to determine if enforcing laws that require nursing breaks and creches at the work site will increase rates of breastfeeding among working women, and how such enforcement can be encouraged.

Project Results

Impact on Breastfeeding

Nationwide data that compare the 1979 and 1984-85 national surveys suggest that the mean duration of breastfeeding may have increased from 9.5 to 10.1 months. This trend was especially evident in urban areas, where the median duration increased from six to nearly eight months. However, because the 1984-85 data were collected during the project, and not after its completion, it is difficult to determine if this increase was directly related to the project.

In some regions, small evaluations showed major improvements in hospital practices and subsequent increases in breastfeeding rates and duration.

In Coclé, for example, a survey of clinic records of infants who attended a well-child clinic during the same three months between 1984 and 1986 showed that the proportion of infants aged two to four months who were exclusively breastfed increased from 30% to 57%.

Records from one hospital in David, Chiriquí, indicated a substantial decrease in the number of bottles prepared by the hospital. This change corresponded with an increase in rooming-in and the establishment of the milk bank.

Impact on Hospital Practices

In 1987, the Ministry of Health surveyed 21 hospitals around the nation to evaluate the impact of the project on hospital practices. Results from the surveys indicated that hospitals substantially changed their practices related to breastfeeding between 1984 and 1987. Rooming-in increased, and support among health professionals for breastfeeding also increased. Conversely, routine formula use in hospitals decreased, as did the use of glucose, oxytocin, and the intervals between delivery and first breastfeed. The major motivations for making changes were identified as increased understanding of the benefits of breastfeeding, enforcement of norms and supervision, and training.

Project Costs and Resulting Hospital Savings

USAID provided $720,000 for the four-year project, most of which was for regional training activities. Project activities helped hospitals reduce expenses by reducing the use of formula, oxygen and oxytocin. Data from two hospitals in Coclé indicated that the project helped save each hospital $800-1250 per year.

The cost savings of this type of program are always difficult to fully calculate, as significant benefits of improved breastfeeding practices are also seen in savings associated with reduced morbidity and mortality. Finally, savings at the community and household level are difficult to quantify, and are beyond the scope of this project.

Conclusion

The project's regional focus was unique. Activities were independently planned and conducted in each region, allowing for substantial flexibility in programs. Regional activities were supported by the enforcement of national norms for breastfeeding. Although norms such as rooming-in and limited use of bottles were already in place, the program helped ensure that the supervisory staff checked to see that the practices were being followed and strongly encouraged their enforcement.

Establishing milk banks in six regions also may have helped to reinforce the behavior promoted by the training activities and changes in hospital practices.

I. BACKGROUND

Few nationwide breastfeeding promotion projects have been adequately supported or evaluated for successful components. This review attempts to combine data from various sources to assess the impact of the Panama Breastfeeding Promotion Project.

This project was funded by the U.S. Agency for International Development (USAID). Technical assistance to assess project impact was provided by several sources. Quarterly reports were prepared by the project managers, and a midterm evaluation was conducted by two consultants with the PRITECH Project (Polly Harrison and Peter Spain). A breastfeeding specialist from the A.I.D. Office of Nutrition (Chloe O'Gara) made several site visits to assess the project, and an external consultant (Sandra Huffman) was hired by PRITECH to provide technical assistance on the project evaluation. A final evaluation workshop was held by the Ministry of Health (MOH) that included presentations by the project directors about each of the project components.

Several specific studies were planned by the project directors to evaluate the impact of individual project components. But because of numerous problems including political disruptions, many of these planned evaluations were not conducted or analyzed. Therefore, a series of hospital surveys was conducted after a National Evaluation Workshop.

Dr. Huffman and Dr. Carlos Samayoa, the project manager from INCAP, made a one-week visit to Panama. During the trip, they visited Coclé and collected some of the case study data used in this report. Additionally, a questionnaire on changes in hospital practices was devised with the MOH to assess the project's regional impact.

To take advantage of information from the above-described sources, the A.I.D. Latin America and Caribbean (LAC) Bureau asked the Academy for Educational Development's Nutrition Communication Project to conduct a historical review of the Panama Breastfeeding Promotion Project. AED asked Johns Hopkins University and the Center to Prevent Childhood Malnutrition, collaborators on NCP, to prepare this review because of their familiarity with the project.

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

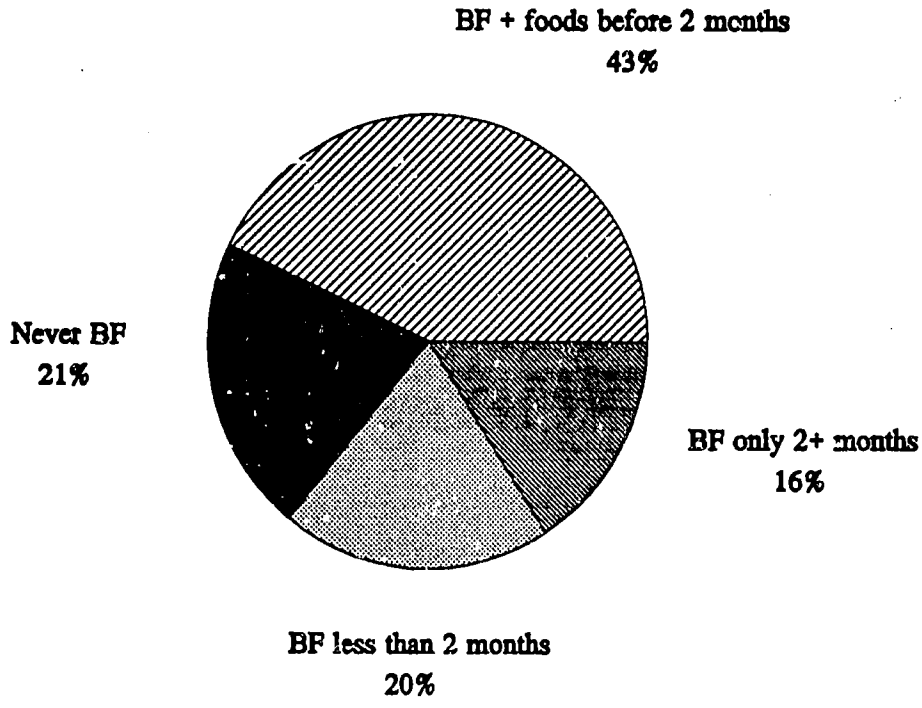
The National Nutrition Survey conducted in 1980 noted very low rates of exclusive breastfeeding. Only 16% of infants were breastfed more than two months and not supplemented with other foods after the age of two months (Figure 1) (Franklin and Harrell, 1983). In the same study, Ramirez (1987) reported that water was introduced to more than 90% of infants during the first two months of life; 77% received water in the first month. The average age at which water was introduced was nine days, and ranged from three to 30 days in various regions in Panama. For comparison, Figure 2 outlines international guidelines for optimal breastfeeding practices for mothers and institutions.

The results of these studies generated concern among health professionals about the short durations of breastfeeding and exclusive breastfeeding. Momentum to develop a National Breastfeeding Promotion Project in Panama began as early as the 1970s. Norms for hospital practices to promote breastfeeding were established in 1975. PROLACMA, the La Leche League affiliate, was established in Panama in 1978. In 1979-1980, the Facultad Latinoamericana de Ciencias Sociales (FLACSO) supported a small program to increase breastfeeding rates in a health center in Betania, a suburb of Panama City. Several national seminars were held on breastfeeding, including one supported by FLACSO in Panama in 1979, an A.I.D.-sponsored Breastfeeding and Infant Nutrition Seminar in Honduras in 1980, and an INCAP (Instituto Nacional de Centro America y Panamá) seminar held for Central American countries on Isla Contadora, Panama, in April 1983.

In September 1983, A.I.D. initiated funding for the Panama Breastfeeding Project with the intent of promoting breastfeeding in Panama. The project was coordinated by the National Commission for the Promotion of Breastfeeding and executed by the MOH, with funds and technical assistance provided and administered by INCAP through the Panama office of PAHO (Pan American Health Organization).

Figure 1

Infant Feeding Practices
Urban Panama



Reference: Franklin, D. and Harrell, L. (1983). "Costs and Determinants of Infant Feeding Practices." Sigma One Corporation. Raleigh, North Carolina.

BF = Breastfed

Figure 2

RECOMMENDED HOSPITAL BREASTFEEDING POLICIES for full-term normal newborn infants

Every facility providing maternity services and care for newborn infants should:

- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within a half-hour of birth.
- Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
- Give newborn infants no food or drink other that breast milk, unless medically indicated.
- Practice rooming-in -- allow mothers and infants to remain together -- 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teas or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.

Source: WHO/UNICEF Joint Statement, *Protecting, promoting and supporting breastfeeding: the special role of maternity services*, WHO, Geneva: 1989.

MOTHERS' RECOMMENDED BREASTFEEDING BEHAVIORS

- Begin breastfeeding as soon as possible after the child is born, preferably immediately after delivery.
- Breastfeed exclusively for the first 4-6 months.
- After the first 4-6 months, when supplemental foods are introduced, breastfeeding should precede supplemental feedings.
- Continue to breastfeed for at least two years.
- Breastfeed frequently, whenever the infant is hungry, both day and night.
- Continue to breastfeed, even if the mother or the baby become ill.
- Avoid using a bottle, pacifiers, or other artificial nipples.
- Eat and drink sufficient quantities to satisfy the mother's hunger.

Source: *Guidelines for Breastfeeding in Family Planning and Child Survival Programs*, Georgetown Institute for International Studies in Natural Family Planning, Washington, DC: 1990.

II. THE PROJECT

The Panama Breastfeeding Promotion Project was first directed by the National Commission for the Promotion of Breastfeeding, and coordinated by the Vice-Minister of Health. The commission consisted of representatives of the MOH, the Social Security Commission, the Ministry of Work and Social Welfare, the Panama Societies for Pediatrics, Obstetrics, Gynecology, and Odontology, PROLACMA, and the University of Panama. The project sought to increase both the incidence and duration of breastfeeding among women in Panama.

The commission was an important force in providing the project with the initial political support needed to obtain funding and involve all the necessary interdisciplinary groups. Subsequently, the MOH, which was to execute the project, assumed the coordinating role. However, the commission continued to play an important role by providing member assistance to oversee project activities, and by helping to implement various project phases.

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

- educating the public and training professionals;
- establishing milk banks in hospitals in six regions;
- developing a working women's component through the Social Security Commission;
- disseminating information through PROLACMA, the private breastfeeding support organization; and
- implementing mass media campaigns.

III. ASSESSING PROJECT IMPACT ON BREASTFEEDING

The project originally devised several evaluation methodologies to assess program impact. These included pre-and post-tests of the knowledge, attitudes, and practices (KAP) of health professionals; a KAP of mothers of young children who attended health clinics; baseline and follow-up surveys of postpartum women; and baseline and follow-up surveys of working

women.[1] Although none of these were completed because of political problems, the planned surveys are discussed below to illustrate the kinds of evaluations that might be used to evaluate programs of this type.

To make up for the deficit in the proposed evaluation plan, a post-project evaluation was devised. It depended upon surveys of hospital-based health professionals.

A. KAP of Professionals

To evaluate the effect of the training on the KAP of practitioners, a pre-and post-project KAP survey was planned for obstetricians and pediatricians. The first questionnaires were distributed at the Congreso de Pediatria in 1984, but only 20 attendees responded. Questionnaires were also sent to pediatricians who worked with the MOH and CSS (Social Security Commission), and response to those was also minimal.

Therefore, the data collection strategy was changed. An interviewer went to all the health centers and polyclinics in Panama City, gave the questionnaire to the attending physician, and waited for it to be filled out. Because of delays caused by the change in strategy and the high turnover in interviewers, the KAP was not finished until 1986. Because the program already had been underway for two years, the survey could not serve as a baseline. The pre- and post-tests were eventually standardized based on the central pre-post test, the results were analyzed locally, and then were sent to the central office. Because grading was different at each location, specific answers to questions were not reported, and tests were not kept, their usefulness in an evaluation to determine the effect of training was limited. However, the responses do indicate possible changes in some regions due to the training.

B. KAP of Mothers Attending Health Clinics

To determine whether mothers changed breastfeeding and weaning practices as a result of the project, mothers were interviewed at health centers at the same time as the interviewers collected the KAP for physicians. These interviews were conducted in 1985 and 1986 in major metropolitan areas and included 150 women in MOH centers in Panama City, 150 in CSS centers in Panama City, 150 in David (Chiriquí), and 150 in Colón, where MOH and CSS health services are provided in the same centers. The analyses of these data were to be conducted by INCAP. Their usefulness will be limited because no follow-up surveys were conducted and because they suffered the same delays as did the KAP of professionals.

[1] Copies of all surveys are available upon request (in Spanish) from AED's Nutrition Communication Project.

C. Surveys of Breastfeeding Practices

The Centers for Disease Control, with the MOH, planned to conduct a nationwide survey on maternal and child health and family planning in 1984 that was to include questions about breastfeeding practices. This survey was to serve as a baseline for the project. The survey was not conducted in some areas until 1985, by which time some project activities were already under way.

A follow-up survey was planned as part of the baseline survey for the Child Survival Program in Panama. However, political problems interfered with the project and the follow-up survey was never conducted. Thus the political problems and socioeconomic disruptions between 1987 and 1990 make it difficult to assess changes in breastfeeding practices during the period.

D. Surveys of Working Women's Component

Baseline surveys were conducted of working women who participated in workshops held for labor unions and of other women who worked outside their homes. These data were to be analyzed at INCAP, but the follow-up survey was never conducted. Therefore, the project's impact on the breastfeeding practices of working women cannot be evaluated.

E. Hospital Surveys

During the second half of 1987, the MOH conducted surveys of hospital practices in 21 hospitals located throughout the 11 project regions. The surveys collected information about practices before 1984 (retrospectively) and in 1987. They also included information collected from several personnel who received training and information support on infant feeding. These surveys, together with a site visit by Dr. Huffman and INCAP Project Manager Dr. Carlos Samayoa, provide most of the evaluation data presented in this report.

IV. DESCRIPTION OF ACTIVITIES AND RESULTS

A. National Activities

1. Training

Two national training seminars were held in January 1984 and attended by representatives from each region. Participants included health workers, hospital and clinic staff, personnel from the

Ministries of Employment, Agriculture, and Education, and extension workers and program managers. Professionals from INCAP gave presentations and provided the training materials.

These and subsequent workshops illustrated the benefits of breastfeeding, provided technical information about breastfeeding and appropriate weaning ages, and focused attention on the need for longer-duration breastfeeding. Information about the impact of hospital practices on breastfeeding was provided, but little clinical training was included about managing breastfeeding problems.

2. Mass Media

The project's national mass media component was delayed because the MOH had contractual problems with a media agency. After unsuccessfully negotiating with other government agencies and universities to conduct the campaign, the MOH sought the services of private agencies. However, government regulations required three bids, and only two were submitted.

Eventually the problem was solved, and a national mass media campaign began in late 1986, two years after the project started. The campaign focused on portraying breastfeeding as an attractive, positive activity. Given that most mothers in Panama were already initiating breastfeeding, that focus seemed inappropriate (O'Gara, 1986). The campaign, which included both radio and television spots, was not coordinated with other project activities. It stood alone

and supported messages about education and training. No data are available to assess the campaign's coverage. In contrast, several regional mass media campaigns were more successful. For example, the provinces of Chiriquí, Coclé, and Veraguas, and the city of Colón, undertook local radio campaigns that were integrated with and helped support other regional activities such as the milk banks (O'Gara, 1986).

B. Regional Activities

The Panama Breastfeeding Promotion Project consisted primarily of regional activities. Within each region, an intersectoral commission was established that usually met at least once a month to plan project activities. In some regions, for example in East Panama City, the commission included only representatives of the Ministries of Health and Education. In other regions, such as Chiriquí and Colón, the commission also included representatives of the Ministry of Agriculture and Labor.

The types of activities conducted by each region also varied. Some regional personnel responsible for the MOH activities or the breastfeeding activities were more active than others. Naturally, the regions that were able to plan more activities had larger expenditures.

Regional activities were conducted through the Maternal and Child Health (MCH) Division of the MOH with help from the regional Commissions on Lactation. Regional operations included designing and producing local teaching and promotional materials, and developing and conducting mass media activities including radio programs, posters, and pamphlets. Some materials were produced in local languages. In addition, some regions conducted research on breastfeeding practices and factors associated with them. Urban regions had generally lower rates and shorter average durations of breastfeeding. Table 1 shows results of a 1984-1985 survey that illustrates these regional differences (Encuesta Nacional de Salud Maternal Infantil y Planificación Familiar, 1986). Such patterns and regional ethnic and language differences, as well as staffing realities, highlight the importance of the project's regional approach. Figure 3 is a map of Panama that shows these regions.

Funds to support regional activities were obtained from the MOH central office in Panama City. Regional programs submitted proposals for planned activities, and PAHO provided advance payment. The National Commission for the Promotion of Breastfeeding oversaw activities, and the MCH Division of the MOH directed most endeavors and approved funding allocations.

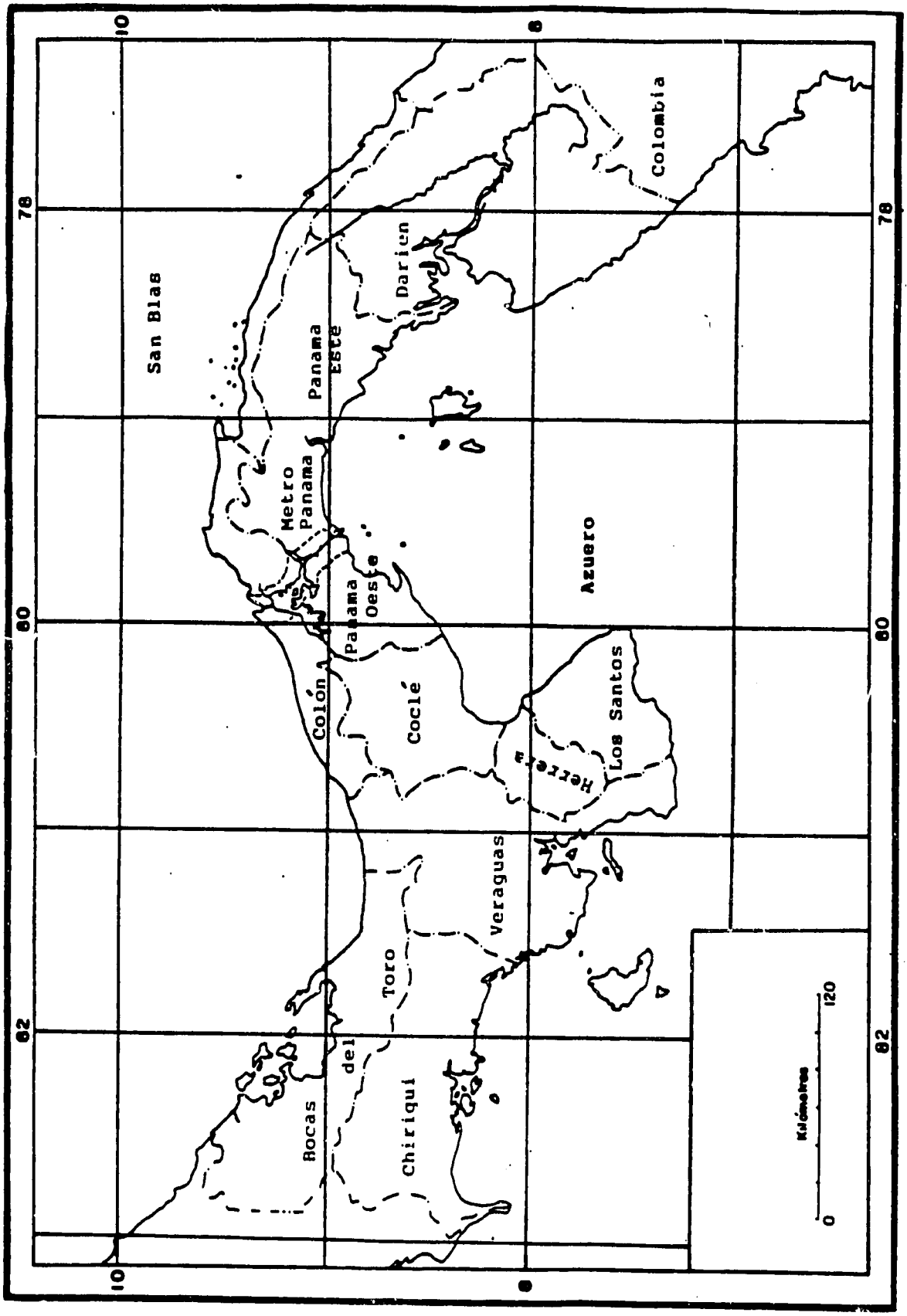
Local MOH staff developed regional project proposals. Each year, representatives of the MOH central office met with each regional director to plan all activities of the MCH Division. During the meetings, representatives suggested possible activities for promotion by the program. To propose an activity was simple: submit a one-page description of the activities planned with a budget for each activity. No proposals were rejected, but there was no follow-up if regions did not submit specific proposals for activities that were planned at the annual meeting. No funds were disbursed without proposals.

Table 1. Breastfeeding Practices in Panama by Region 1984-85.

Region	Percent Breastfed	Mean Duration (months)	Percentage Urban
Panamá Metropolitan	94	8.9	90
Panamá Este	92	9.6	18
Panamá Oeste	91	9.1	52
Colón	93	10.1	51
Coclé	96	12.4	25
Chiriquí	94	12.9	36
Bocas de Toro	96	14.9	37
Veraguas	98	15.2	15
Herrera	91	9.0	40
Los Santos	80	4.8	11
Darién	96	14.0	5
San Blas	95	18.1	0

* From Encuesta Nacional de Salud Materno-Infantil y Planificación Familiar, 1984-85.

Figure 3


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

1. Regional Training

Representatives from each region attended the national workshops. They usually organized the regional workshops, with support from members of the national commission. Regional commissions were established that generally included regional supervisory staff of the MOH. Although the central MOH sent slides to the regions to support training seminars, its plans to provide teaching materials were interrupted when the private printing company contracted to supply the materials went out of business. The legal problems that resulted substantially delayed the production of training materials. Therefore, local groups prepared their own materials.

Table 2 shows the number of personnel trained through regional workshops, and reports the funds provided for regional training workshops. As indicated, the amount expended per region varied substantially. This was partly due to the different numbers of people served by each region. For example, Metropolitan Panama has the highest population of all the regions, and thus one of the highest expenditure rates.

Table 2. Number of Personnel Trained Through Regional Breastfeeding Workshops and Associated Costs

Region	Number of Meetings	Number of Participants	Cost
Coclé	14	2185	$27,301
Colón	1	17	1,146
Bocas de Toro	2	65	2,001
Chiriquí	13	1080	24,678
Darién	2	72	2,386
Panama City	46	2617	81,207
Panamá Oeste	3	186	1,829
Panamá Este	4	201	4,581
Azuero	4	163	2,622
San Blas	NA	NA	NA
Veraguas	NA	NA	NA
TOTAL	75	4401	147,751

NA = Not available. Financial data reported by INCAP, 1988, internal memos.

Staff who attended the regional workshops also organized local seminars. Other training activities included seminars held for pediatricians, obstetricians, administrative personnel, university students, and clinic and hospital staff. Breastfeeding information was also incorporated in regular training activities that focused on other health components, including school health, infectious diseases, diarrheal disease, sex education, and growth monitoring.

Table 3 gives the number of Panamanians reached by educational talks. These data are based on regional reports. Although they are incomplete, they do show more than 49,000 people received information through the regional activities and more than 4,000 health personnel were trained through regional workshops. Other health personnel were trained through local activities such as on-site training and staff orientations.

2. Regional Strategies, by Region

Each region prepared reports of its activities for the National Evaluation Workshop in June 1987. This information `summarized below' and data from hospital surveys of each region illustrate the range of activities in some regions. S. L. Huffman and C. Samayoa visited hospitals in Penonome and Agua Dulce, Coclé. Their findings will be discussed in detail. Coclé was one of the few regions from which data were collected to assess the impact of project activities on breastfeeding practices.

Table 3. Number of recipients of breastfeeding education.

Region \ Year	1984	1985	1986	1987	Total
Coclé	NA	788	4,539	NA	5,327
Colón	3,400	3,615	3,396	NA	10,411
Bocas del Toro	NA	NA	NA	185	185
Chiriquí	6,290	468	3,877	NA	10,635
Darién	NA	NA	NA	NA	NA
Panama City	NA	NA	NA	NA	5,076
Panamá Oeste	NA	NA	NA	NA	90
Panamá Este	3,569	7,085	5,916	NA	16,570
Azuero	NA	NA	NA	NA	NA
San Blas	NA	NA	NA	NA	NA
Veraguas	NA	NA	NA	NA	NA
TOTAL					48,294

From the National Evaluation Workshop, 1987, Quarterly Reports, 1983, 1984, 1985, 1986. **NA = Not available.**

Coclé

In 1980, the region of Coclé had 141,000 residents, 25% of whom lived in urban areas. (Encuesta Nacional de Salud Maternal Infantil y Planificación Familiar, 1986). Forty to sixty percent of all births were attended by health professionals. The Coclé project began in March 1984. The regional commission was organized to include members from the health sector and the Ministries of Agriculture, Education, and Labor. The project was closely aligned with the MOH regional office and became part of its basic health program.

The Coclé program trained more than 2,000 personnel and involved more than 5,000 people in training seminars. Pre-and post-training tests given from 1984 through 1986 showed an average 20% improvement in knowledge.

Dr. Huffman and INCAP Project Manager Carlos Samayoa visited to two regional hospitals to assess project activities.

Penonome Hospital Site Visit

The project trained all the obstetricians, three obstetric nurses, two of three pediatricians, and the pediatric nurse at the Penonome Hospital. Three of eight auxiliary nurses also received training.

Data relating to breastfeeding practices were collected during three months (May through July) in 1984, 1985, and 1986. Those studied were a random sample of one-third of all infants aged two to four months who attended a well-child clinic in Penonome. The baseline survey found that before the project, infants were kept in a separate newborn nursery. Newborns received nothing by mouth for the first four hours after birth. During the next four hours, they received dextrose water every two hours. Then, formula was given for eight hours. Mothers usually were released after 24 hours. Follow-up surveys showed that the proportion of children being exclusively breastfed increased from 30% in 1984 to 57% in 1986. Rates of illness were also studied and in each year, illness was lower among the exclusively breastfed infants.

Project activities encouraged hospitals to change their policies and practices to favor breastfeeding. The Penonome hospital began rooming-in in June 1984, although caesarian deliveries are not included because of space constraints and hospital regulations. After delivery, infants are separated from mothers for one-half hour (during the day) to three hours (at night) for the examination. The babies are then placed with their mothers in isolettes next to the bed. Family members can help the mothers care for their infants. The babies do not receive formula, and dextrose water is used only for problem cases such as breast abscesses. Funds were not available to establish a milk bank although a desire for one was expressed. Women with normal vaginal deliveries remained in the hospital for 24 hours.

Today, the Penonome Hospital has no newborn nursery. All premature newborns and those delivered by caesarian section are kept in intensive care. Those infants receive formula. Women with C-sections are kept with surgical cases in a separate ward, far from their infants. They are not allowed to touch their babies because once the infants leave intensive care they cannot return.

Hospital policy does not allow newborns in the surgical ward because of fear of contamination. When the hospital is renovated (there are plans to do so soon), C-section mothers will be placed near their infants. Then, perhaps, rooming-in will be allowed.

Hospital Site Visit to Agua Dulce

Agua Dulce Hospital also has made substantial changes since the project began in 1984. The baseline survey before the project found that newborns were separated from their mothers for 24 hours after birth. There was no rooming-in until after 24 hours, although infants were fed breastmilk during the first 24 hours.

A milk bank was established at Agua Dulce Hospital in 1985. The room where infant formula was made was divided in two. Half the room is now used for making formula, the other half for the milk bank. An evaluation of milk bank use found that the number of bottles prepared for newborns substantially decreased as a result of the changes in hospital policies regarding infant feeding and rooming-in. From 1984 to 1986, the number of bottles prepared decreased an average of 60-75 % (Table 4). Premature infants receive donated breastmilk and full-term babies are given breastmilk on demand. A pump is available in the ward for use by mothers of sick or premature infants. During the first two hours after birth, all babies are given dextrose to check for gastrointestinal disorders. Babies born vaginally are given to their mothers within two hours following delivery. Babies delivered by C-section are given to their mothers 24 hours later. C-section babies receive banked milk if there is enough, but otherwise receive formula. C-section mothers recover in the same ward as the other mothers. They remain in the hospital for 48 hours while mothers who give birth vaginally remain for 24 hours. Rooming-in for all mothers and their children began in June 1984.

Table 4. Numbers of 2-oz Bottles Prepared for Newborns in Two Hospitals in Coclé, Panama.*

Year	Penonome	Agua Dulce
1984	5,855	9,960
1985	2,956	4,355
1986	1,750	3,694

*** National Evaluation Workshop, 1987.**

Colón

In 1980, the population of Colón (including San Blas) was 167,000 (Compendio General de Población, 1980). Professionals delivered 80-85% of the babies in the region, and 80% of all babies were delivered at the regional hospital.

The Colón project began in 1984, and was managed by an intersectoral commission that included representatives from the education sectors and the Ministries of Labor and Health. The commission was directed by the health sector. Project activities included:

- training health teams at 12 health centers and the regional hospital in Colón (more than 450 professionals were trained),
- developing a promotion and education program for each health sector, and
- establishing a milk bank for high risk newborns in the regional hospital.

The mass media component of the project reinforced each of these endeavors.

Training seminars included local health teams and hospital workers. The maternal/infant health team met monthly to coordinate activities. The report from Colón indicates that the project received little support from other institutions such as education. Physicians, especially those in the hospital, had little interaction with the project.

The Colón baseline survey found that rooming-in had been practiced in the hospital since 1977, with early mother-infant contact since 1982. The project reinforced rooming-in, helped increase the number of women breastfeeding, and shortened the time between delivery and first breastfeeding. The milk bank allowed premature infants to receive breastmilk rather than formula.

In 1986, two studies were conducted to assess breastfeeding practices in Colón. The first was of 152 postpartum women in the regional hospital. The second was of mothers of children aged 0-5 years who lived in an area served by one health center (Patricia Duncan). The studies sought to record mothers' attitudes toward and beliefs about breastfeeding and to provide information to be used in educational programs.

In June and July 1986, 152 women with newborn infants were interviewed in the Colón hospital. Sixty-nine percent of the women knew about the milk bank and 76% said they were willing to donate breastmilk to the bank. Ninety-one percent of the mothers said that breastfeeding should begin as soon as the infant is born. Four percent said that breastfeeding should start two-three days after birth. Five percent said they did not know when breastfeeding should begin.

For the second study, 20 families were selected from a random listing of households from the 1980 census, based on the age of the youngest child. Of the 20 mothers interviewed, 14 had children under the age of two in June 1986. All had delivered at the hospital, and had begun breastfeeding as soon as their infants were given to them. Two infants had to remain in the hospital after the mothers were released. Both mothers returned daily to the milk bank to express milk for their infants. All the mothers felt that breastfeeding was best for their infants. However, 80% introduced other foods to their infants, beginning as early as two months of age.

Chiriquí

In 1980, Chiriquí's population was 287,000, with 36% residing in urban areas (Encuesta Nacional de Salud Maternal Infantil y Planificación Familiar, 1986). Professionals delivered 30-90% of all babies in the region.

Project activities began in Chiriquí in April 1984. An intersectoral commission was formed that included members of the Ministries of Education, Labor, Health, and Agriculture and the University of Panama. In late 1986, the commission was disbanded and the project was guided solely by the child survival project within the MOH.

A study on perinatal practices was conducted before the project at the Hospital del Niño in David, and written up in June 1984. The study found that:

- infants were separated from their mothers during periods of transition and immediately after birth (not stated for how long),
- mothers were separated from their babies for more than 48 hours after a C-section,
- babies were given bottles of formula during observation and during intensive care,

- newborns with pathological conditions were located very far from the delivery and recovery rooms, and
- mothers were not given sufficient educational materials about lactation and newborn care.

The results prompted these recommendations:

- organize an area contiguous to the delivery rooms for newborn observation during the immediate postpartum and transition periods,
- provide rooming-in for C-section babies as soon as their mothers are alert and desire to be near their newborns,
- facilitate breastfeeding of premature newborns and those in intensive care, and reorganize newborn nurseries to include intensive care, medium care, minimal care, and isolation wards in a contiguous area.

At the beginning of the project, lack of rooming-in was seen as one of the major obstacles to breastfeeding. In 1985, after the project began, rooming-in was established for 90% of births in Jose Domingo de Obaldia Hospital and 80% in Hospital Dionision Arrocha. Thereafter, most infants were brought to their mothers one to two hours after delivery instead of being kept separate from them until discharge, which had been the practice. Breastfeeding education was given to mothers, whereas previously they had received no information.

The Department of Nutrition in one hospital reported substantial decreases in the number of bottles prepared, which corresponded with more rooming-in and the establishment of a milk bank (Table 5). The milk bank in the Hospital Jose Domingo de Obaldia was installed in October 1985. Support for the bank came from the Damas Rosadas, the Soroptimistas, and the Rotary Club. Premature and sick infants now receive breastmilk from the bank.

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

A 1984 survey in the Baru area examined breastfeeding practices (National Evaluation Workshop, 1987). Data showed that by one month of age, 33% of infants were receiving supplements to breastmilk; by three months, 66% received supplements. The proportion of women breastfeeding declined from 67% of those with six-month-old infants to 40% of mothers with year-old babies.

Bocas De Toro

In 1980, Bocas de Toro had 53,000 residents, with 37% living in urban areas (Encuesta Nacional de Salud Maternal Infantil y Planificación Familiar, 1986). Health care professionals delivered between 25% and 75% of all babies. The intersectoral commission in Bocas de Toro included representatives of health, education, and labor, as well as private groups from the Catholic Church.

Rooming-in became the norm in Bocas de Toro hospitals in 1982. Now, when the birth is normal, the infant immediately is put to the breast. Rooming-in begins as soon as the mother goes to the postpartum ward. Rooming-in begins 12-24 hours after a caesarian birth. Prior to 1982, caesarian infants were not brought to their mothers until 48 hours after delivery.

Veraguas

In 1980, Veraguas' population was 173,000, with 15% living in urban areas (Encuesta Nacional de Salud Maternal Infantil y Planificación Familiar, 1986). Professionals delivered from 30% to 60% of births. Project activities began in August 1984, when a commission was established that included representatives from the health, education, and agriculture sectors.

A milk bank was established in the Hospital Regional Santiago in May 1985. Studies of women leaving the hospital showed that all those with live births were breastfeeding. Before the milk bank was established, 184 formulas were prepared monthly in the delivery wards. Since June 1986, no formulas have been prepared.

Table 5. Number of Bottles of Formula Prepared in Hospital Jose Domingo de Obaldia, David Chiriquí.*

Year	0 - 4 Ounce	5 - 8 Ounce
1984	8,087	4,613
1985	6842	608
1986	4,961	41

*** Data compiled from Hospital Surveys described in this report, 1987.**

This led to a gradual decrease of expenditures in the milk/dietetic department. Table 6 gives the pounds of formula and the number of baby bottles bought since 1982, and illustrates the large decline due to the changes in breastfeeding practices. Laboratory tests found no microorganisms in the stored breastmilk of the milk bank. No bacterial contamination was found in 95% of the pumps.

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

Table 6. Formula Used for Newborns and Bottles Purchased by the Hospital Regional Santiago Veraguas.*

Year	Formula Used (lbs.)	Bottles Purchased
1982	134	3,339
1983	132	3,299
1984	39	965
1985	18	440
1986	0	0
1987	0	0

*** Data compiled from Hospital Surveys described in this report, 1987.**

San Blas

The health region of San Blas consists of 365 islands, 49 of which are permanently inhabited. Studies conducted from 1972 to 1976 showed that breastfeeding was universal, usually lasting for two-three years. Four project seminars were held for health professionals, one in each of the health regions in San Blas. Talks were given to pregnant women, clinic patients, and students.

Project activities are considered to have decreased the use of oxytocin, encouraged earlier initiation of breastfeeding, and increased regular promotion of breastfeeding during prenatal visits, the postpartum period, and well child visits.

Azuero (Herrera and Los Santos)

Azuero's population in 1980 was 82,000, with 40% living in urban areas (Encuesta Nacional de Salud Maternal Infantil y Planificación Familiar, 1986). Professionals delivered 35% of all births.

Before 1984, newborns in the Hospital Cecilio Costillero were sent to neonatal units, left to fast for six hours, and received two doses of dextrose at 9 and 12 hours. Rooming-in began in 1984. Vaginally delivered babies are not separated from their mothers; C-section babies are separated from their mothers for 24 hours. No formula, water, or dextrose is given. Breastfeeding is initiated immediately post-partum, and talks are given to mothers on breastfeeding practices. A milk bank provides for premature infants.

Darién

Darién is a small, rural region with 27,000 people, only 5% of whom live in urban areas. Although the project established no regional commission, it did provide several training courses. Changes attributed to the project include providing more information to mothers about breastfeeding, and eliminating oxytocin. Rooming-in appeared to have existed before the project, but may have been strengthened by project activity.

Panamá Este

In Panamá Este, both health and education participated in the program to promote breastfeeding. Training was given to mothers primarily through informal talks at the health center and through the outpatient department of Chepo Hospital. As a result of project activities, Chepo Hospital initiated rooming-in in January 1985. Oxytocin use was discontinued in 1986. No formula, water, or dextrose water is now given to newborns. Vaginal birth babies are not separated from their mothers, and C-section babies are only separated from them for four hours. Mothers receive pamphlets about breastfeeding and house visits to promote breastfeeding after they are released from the hospital.

Studies conducted among health professionals indicate that practices related to breastfeeding have improved. Of 10 nurses and 30 physicians asked in 1984 whether they recommended breastfeeding, 35% of nurses and 30% of doctors said they did. In 1986, 90% of nurses and 85% of doctors recommended breastfeeding. In 1984, of 450 postpartum mothers in the hospital, only 10% said they were given advice about how to feed their infants. In 1986, of 606 women asked, 95% said they had received advice. This increase occurred because the hospital began providing daily talks on breastfeeding in 1985.

Based on studies of women attending well-child clinics, the median duration of breastfeeding increased from 1.5 months in 1984 to five months in 1986 (National Evaluation Workshop, 1987).

Panamá Oeste

Rooming-in began in the Nicolas Solano Hospital after project activities were initiated in 1984. Oxytocin use was suspended in 1985. Before 1985, mother and child were separated for four hours after birth; now they are not separated. While formula is not currently given newborns do continue to receive dextrose. There is no breastmilk bank because premature infants are expected to be transferred to hospitals in Panama City.

Metropolitan Panama City

The studies of project activities in Panama City have not yet been analyzed, therefore no data are available to indicate the impact of project endeavors. However, some data are available that relate to the activities of the Social Security Hospitals. The major hospital in Panama, Hospital del Niño, was the model hospital for the program. It had an established milk bank and rooming-in, as described under the Milk Bank section below.

3. Regional Impact: Results from Hospital Surveys

Within each of the 11 regions, one to three hospitals or health centers where deliveries occurred were surveyed. Information obtained through the 21 surveys was entered into DBASE III+ and analyzed in SPSS-PC. When data were missing, results are reported only for those cases with information.

Training and Information

Seventy percent of the sites reported that they had at least one staff person who was a member of the regional breastfeeding commission, and 75% had at least one staff member who had attended the national seminar.

Most information about breastfeeding came from INCAP. Seventy-one percent of sites reported receiving ASI (a newsletter from INCAP), 62% received Madres y Niños (Mothers and Children) from APHA, and 48% received the journal PROLACMA, which was published as part of the national program.

Fifty-seven percent of the sites reported that pamphlets were distributed to mothers, primarily by MOH or hospital staff. At 20 of the 21 sites, breastfeeding posters or murals were displayed

on the hospital walls. All regions reported a lack of printed material to use in talks and for promotion. To solve this problem, most institutions produced their own materials to promote breastfeeding, including pamphlets, brochures, flyers, posters, flipcharts, and even slide shows. Only 15% of the hospitals reported having had at least one obstetrician trained as part of the program. Thirty percent had at least one pediatrician trained, and 40% had at least one general practitioner on staff who received training.

Nearly all regions found it difficult to get physicians to participate in training programs. Many also said it was difficult to obtain cooperation from other sectors, such as education and agriculture.

Changes in Hospital Practices

Eighty percent of the 21 sites reported changes in hospital practices related to breastfeeding since 1984. Both staff and mothers reported increased rates of rooming-in and increased breastfeeding. Constraints to change included lack of staff and administrative support, the mothers' attitudes and beliefs, and problems in changing practices for caesarian births. Major motivations for change included an increased understanding of the benefits of breastfeeding (53% of sites), supervision and enforcement of norms (30%), and training (23%).

Ninety percent of the sites had rooming-in; two sites did not provide information on rooming-in. Twenty-five percent reported having remodeled the hospital building to facilitate rooming-in, which usually included enlarging the postpartum area or removing cribs. Twenty percent of the sites did not have rooming-in before the project, but now do; another 20% that had begun rooming-in earlier have an increased number of cases with rooming-in. The greatest change appeared to be that before the project, in many hospitals, even with those with rooming-in, 33% of the infants were sent to the neonatal ward and kept there for several hours before they were returned to their mothers. After the project, infants were less likely to be separated from the mothers in the early postpartum period. Breastfeeding education also was more likely to be given in the delivery room.

Hospital chiefs of staff varied in their support for changes in breastfeeding practices. About 75% of hospital directors and administrators were supportive of change; 25% were neutral. The heads of obstetrics were more likely to be neutral (23%) or negative (23%) than supportive (53%). The heads of pediatrics were most likely to be supportive (83%).

The data revealed that newborns were never given water given at 50% of the sites, but in 25% of sites water was commonly given. In the remaining 25%, water was given on doctors' orders. It was reported that formula was never given at 70% of the sites. C-section infants received formula 15% of the time, as did 15% of other infants.

To verify the data reported in the hospital studies, the interviewers observed practices in the wards. At 30% of the sites, newborns were seen with bottles of water. At only one site was an infant seen with a milk bottle.

Breastfeeding and Type of Birth

Data were collected on the duration of time between delivery and first breastfeeding. Table 7 shows that vaginal births tended to be breastfed much earlier than babies delivered by C-section. Infants born by vaginal delivery were at times separated from their mothers for short periods for physical exams. Fifty percent of mothers and babies were not separated `the exam was done at the mother's side,' and 30% were separated for less than 30 minutes. Only 25% of mothers with C-sections were not separated for the exam. Most were separated for four or more hours, probably with the infant under observation.

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

At 95% of the sites, premature and sick infants received breastmilk, either from a milk bank or directly from their mothers. Most sites did not use oxytocin, but 33% (six hospitals) did use it. Three hospitals had never used oxytocin, and one had stopped using it in 1981. The other eight hospitals stopped in 1984.

Impact on Breastfeeding

A comparison of nationwide data from the 1979 and 1984-85 national surveys suggests that the mean duration of breastfeeding may have increased from 9.5 to 10.1 months (Figure 4). This trend held for both urban and rural areas. However, because the 1984-85 data were collected during the project and not at its completion, it is difficult to determine if the changes were directly related to the project.

The information obtained from the final reports presented by each region and from the hospital surveys illustrates the effect that the regional approach had on the breastfeeding promotion program. Usually, several members of the regional commission were also hospital staff members, and were quite involved in project activities. Most had received training at a regional or national seminar.

The regional focus was an important aspect of the project. Also critical was the fact that the program supported the enforcement of breastfeeding norms. Although these norms had previously been established (rooming-in and limited use of bottles), the program helped ensure that the supervisory staff checked to see that the norms were being followed, and strongly encouraged their enforcement when they were lacking.

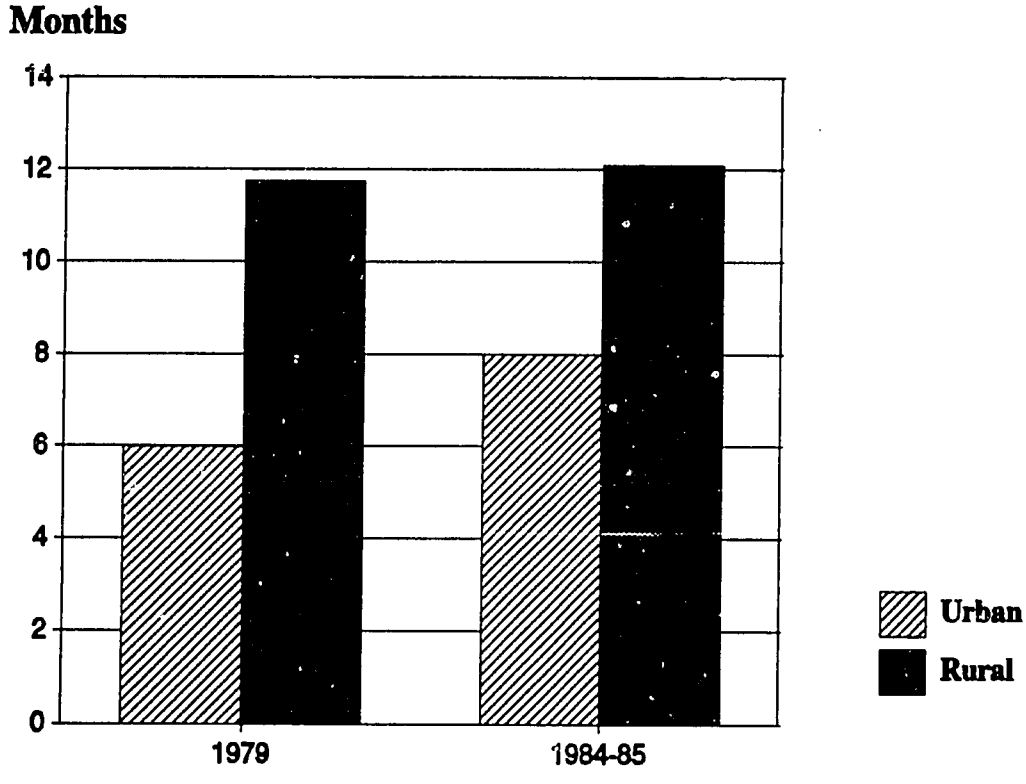
Table 7. Time Between Delivery and First Breastfeed by Type of Delivery.*

Time	Vaginal Delivery (percent)	Number	C-section Delivery (percent)	Delivery (number)
Immediately to 15 minutes	65%	13	-	-
15 - 30 minutes	15%	3	8%	1
31 - 60 minutes	5%	1	-	-
1 - 3 hours	10%	2	8%	1
4 - 6 hours	5%	1	23%	3
12 hours	-	-	23%	3
24 hours +	-	-	38%	5

*** Data compiled from Hospital Surveys described in this report, 1987.**

Figure 4

Mean Duration of Breastfeeding
Panama, 1979 and 1984-85



Reference: "Encuesta Nacional de Salud Maternal Infantil y Planificación Familiar" (1986). Departamento de Estadística, Departamento Materno Infantil, Ministero de Salud, Panamá; and Centers for Disease Control, Atlanta, Georgia.

C. Activities of Other Groups

In addition to the regional programs, other groups also conducted training and promotion activities. These included special projects organized by the Social Security Commission (CSS), the University of Panama, and the Ministry of Labor and Social Welfare.

Social Security Commission

Within each region `except Panama City' the Social Security health system is merged with the MOH. Services are provided at the same clinics and hospitals. In Panama City, the CSS operates separate polyclinics and also the Metropolitan Hospital Complex that serves the workers and families enrolled in the Social Security System.

The Social Security System conducted 12 seminars to train 408 health professionals between 1984 and 1986. Patients who attended the polyclinics and visited the hospital (obstetric and postpartum wards) also received classes in breastfeeding. A milk bank was established in the Panama Metropolitan Hospital in June 1985.

In 1985 and 1986, CSS conducted several studies of the population it serves to assess breastfeeding knowledge and practices among pregnant women, postpartum women, and mothers of children attending well-child clinics.

CSS staff interviewed nearly 1,000 pregnant women from six polyclinics. Seventy-three percent of the women had received some information about breastfeeding during their prenatal visits. Nearly 50% of the women had discussed lactation with nurses; only 10% of the time had physicians discussed it with them. Ninety-nine percent of the pregnant women who were interviewed planned to breastfeed. No differences were observed between working and nonworking women.

The case study of the CSS hospital found surprising results. Many hospital practices remained uncorrected. Although the hospital has rooming-in, mothers and children are not reunited until four to six hours post partum. Although breastfeeding appeared to have increased, formula is still given to infants delivered by C-section. Dextrose water is also given, and babies are not reunited with their mothers until 12-24 hours post partum.

University of Panama

The University of Panama Faculty of Nursing began working with the Panama Breastfeeding Promotion Project in November 1984. Faculty members worked on the intersectoral commission, and coordinated and participated in training seminars.

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

Ministry of Labor and Social Welfare

The Ministry of Labor and Social Welfare conducted training programs for its workers and for the general public. Training sessions reached a total of 77 DINNFA staff (Dirección Nacional del Niño y la Familia) and COIF teachers (Centros de Orientación Infantil) and 411 other persons were trained, including groups of women workers and parents of children in COIF.

D. Milk Banks

The Milk Bank Secretariat of the National Commission seemed to be one of the most active sectors of the Commission. Six milk banks -- two in large metropolitan areas (Panama City and Colón) and four in smaller semi-urban areas -- were established as pilot centers. The first milk bank was established at the Hospital del Niño in Panama City in 1983 with the intent to reduce the costs related to preparing formula for use in the hospital. It served as the model for the other project-initiated milk banks.

The Hospital del Niño is affiliated with the Santo Tomas General Hospital. The maternity unit at Santo Tomas delivers 20% of all babies born in Panama (about 12,000 annually). Premature and sick infants are kept across the street in the Hospital del Niño. Well infants stay with their mothers in Santo Tomas. The hospital is supported by MOH, CSS, and private funds.

The milk bank in the Hospital del Niño served as a resource for all the project milk banks. The Chief of Nutrition was responsible for the milk bank and she also served on the National Commission. The hospital received no project funds. Hospital del Niño has published data on use of infant formula versus mothers' milk from the milk bank that shows substantial savings with the latter. The savings were probably due to both changes in hospital practices and in the milk bank (Table 8).

There are 11 MOH/CSS hospitals in Panama. The project established milk banks in six of them (Table 9). Panamá Este and Oeste, which are near Panama City, did not establish milk banks because most of their premature infants are transferred to Panama City. In San Blas, a Centro de Salud serves as the hospital, and the indigenous population breastfeeds universally. The hospital in Boca de Toro is seeking help to start a milk bank.

When milk banks were established, each hospital received a refrigerator, two pumps, office equipment, baby bottles, adaptor kits for the milk pumps, timers, and gowns for women to use. Sometimes, funds were provided to install electrical outlets, modify space, and make structural changes necessary for the bank.

Hospitals were selected to receive milk banks based on the number of births at the hospital, the number of premature babies kept there, and acceptance by hospital personnel.

A report from the milk bank at the Hospital de Santiago (Veraguas) shows that fewer newborns had diarrhea and necrotizing enterocolitis (NEC) when they received breastmilk instead of formula, and that staff prepared fewer formulas in the milklab (Villareal, 1986). Most of the banked milk was used for premature infants.

Table 8. Number of Bottles of Infant Formula Prepared at Hospital Santo Tomas, Panama City, 1980-85.

Year	Bottles Used in Newborn Nursery	Cost + (US $.20 x # Bottles)
1980	116,669	$23,333.80
1981	120,426	24,085.20
1982	113,503	22,700.60
1983	93,023	18,604.60
1984	75,519	15,103.80
1985	49,384	9,876.80

*** The milk bank was initiated in November 1983. Boletin Estadistico, 1985.**
+ Cost to make formula = US$.20/2 ounces milk. Breakage of bottles/year = 14%.

Table 9. Project-Established Milk Banks in Panama

Hospital	City	Region
Hospital Metropolitano	Panama City	Panama
Manuel Amador Guerrero	Colón	Colón
Marco Robles	Aguadulce	Coclé
Cecilio Castillero	Chitre	Azuero
Provincial	Santiago	Veraguas
Jose Domingo de Obaldia	David	Chiriquí

Table 10. Distribution of Milk Bank Milk Reported in Hospital Surveys.*

Place	Percent of Milk for Premature Infants	Percent of Milk for Sick Infants	Percent of Milk for Infants or Sick Mothers
CSS/Panama City	80	20	-
Agua Dulce/Coclé	100	-	-
Obaldia/David	90*	10	-
Guerrero/Colón	90*	10	-
Santiago/Veraguas	61	11	28
Costillero/Azuero	90	10	-

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

Information from the hospital surveys also can be used to assess the impact of the milk banks. In only one of the six hospitals with milk banks can mothers stay with their infants. In the other five, however, mothers return to breastfeed their premature or ill infants. Table 10 shows the percent of milk bank milk that goes to premature infants, ill infants, and infants of ill mothers.

Only one site reported that infants received 100% breastmilk through the milk bank. Of the three other sites that provided quantitative information, at one site babies received 75% of their feedings from breastmilk, at the second site 60% of the feedings were breastfed, and at the third the figure was 50%. The rest of the feeds were infant formula.

At five of the six sites, hospital staff used the electric pump or milk from the bank for their own infants. Four sites had a mobile pump that could be used in the wards. Only two sites lent manual pumps to women who worked or taught them how to express milk.

E. Working Women's Component

More than 34% of women in Panama are employed: 20% of the heads of household are women. Since malnutrition is higher among households headed by women, the project was very interested in addressing the concerns of working women in relation to breastfeeding.

Before the project, legislation was passed to support breastfeeding by working women. The Codigo Laboral o de Trabajo contains the following articles that refer to the social protection of women during pregnancy and breastfeeding:

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

Article 107: All pregnant women can take leave from work for six weeks before birth and eight weeks following birth.

Article 114: When they are breastfeeding, all mothers can be excused from work for 15 minutes every 3 hours, or for a half hour twice a day during their work, with the objective of feeding their infants. The employer shall provide a rest place at the work site and maintain enough chairs or seats for female workers. Workers shall be paid for the time taken as mentioned above.

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

Article 115: Within one year after the passage of this code, the executive branch and the CSS will establish day-care centers in industrial sectors and commercial centers that employ a concentration of female workers. Mothers can leave their children at such centers until school age and receive from them medical, nutritional, and recreational necessities.

Unfortunately, these laws are not enforced.

The project found it difficult to develop the working women component as a part of the Dirección Nacional del Niño y la Familia (DINNFA), which is in the Ministry of Labor and Social Justice. Most work was therefore conducted through the Departamento de Relaciones con el Usario (DRU), a division of CSS. The DRU maintains ties with labor organizations.

The DRU nutritionist responsible for the working mothers program was enthusiastic and concerned about the project. She had two assistants who worked with union leaders (dirigentes sindicatos).

The goals of this component were to:

1. record working mothers' knowledge and attitudes about breastfeeding, and

2. inform and educate mothers about the benefits of breastfeeding.

A training seminar was held for 21 women directors of four major labor unions (centrales obreras CNTP, CRRP, CATI, CITI), two independent federations, and representatives of the Brigade Celeste (who clean the streets in Panama City.) The five-day seminar focused on the basic aspects of breastfeeding and the legal rights of working mothers. The participants produced a plan of action for the working mother component of the project (Departamento de Relacciones con el Usaro, April 1986).

Using the women trained in the first stage, 90 working groups of about 10 persons (a total of 1,033 women) each were formed in the various factories (Table 11). For four months, project staff members visited each working group to distribute information and discuss breastfeeding issues with the union members (Avances de Supervivencia Infantil, 1987).

Following these motivational meetings, the staff held focus group discussions with the working groups to identify breastfeeding practices, biases about breastfeeding, and constraints to breastfeeding. A standard questionnaire was administered to the women (n=550) in these workshops. Sometimes, different women from the same unions participated in two sets of meetings.

Of 826 women interviewed in the survey of working women, 30% did hand work and 29% operated an industrial machine. The next highest category was telephone operators at 6%. Only 38% were not married or living in union. Ninety-seven percent of the workers with living children had breastfed at least one of them; 69% percent had breastfed for 3 months or less. More than half of the women got information about breastfeeding from their mothers, and only 14% from a physician. Thirty-one percent said they stopped breastfeeding because they had to return to work. Forty percent of breastfeeding working mothers had expressed

milk at some time, but only 15% did so to leave it for the baby; 54% did so to alleviate pain in the breasts.

The survey sessions generally lasted two to eight hours, depending on the size of the group. After administering the questionnaires, the groups were divided into small working groups to discuss problems with breastfeeding and their possible solutions. The first survey session was held with 240 women in the Brigade Celestes. Twenty small working groups reported that breastfeeding at work was difficult because there were no creches at their work sites (100%); it is difficult for working women to breastfeed (70%); little information was available about the importance of breastfeeding (70%); and there were no facilities for pumping at work (70%). Suggested solutions included establishing creches (100%); providing a place for pumping (65%); and deciding to pump and give the milk to the infant (55%) (Quarterly Report, September - December, 1985).

The only documented case of a change that a business made due to the program was the purchase by GAGO (a supermarket chain) of a refrigerator in which to store pumped milk. However, it could only be used while the GAGO social worker was at that site. When she was transferred, it was no longer available to breastfeeding women.

Unfortunately, the surveys failed to show how women could breastfeed their infants after returning to work. One DRU worker stopped breastfeeding at 2 1/2 months because her child refused the breast, preferring the bottle. The woman continued breastfeeding by pumping milk and giving it to the baby in a bottle. This case illustrates one of the technical problems that need to be addressed. Certainly, if one of the workers who trains the union leaders cannot successfully breastfeed, she will not be in a good position to help other working women.

When ways of improving the situation for breastfeeding in the workplace were discussed with the unions, many said it was a dream to assume that they would even get nursing breaks or creches. Even within the CSS there is only one creche, and that is for staff of the CSS Hospital. Union leaders usually felt that other issues, such as salary levels, were more important to pursue.

Although the National Commission for the Promotion of Breastfeeding was interdisciplinary, its members were not senior enough to have the political power to enforce laws. One commission member said, "As long as the activities are principally educational, they are seen as harmless. Trying to get support to enforce law would be substantially more controversial and difficult."

Table 11. Groups Participating in Working Women Workshops.*

Group	Number of Participants in Motivation Meetings	Number of Participants in Focus Groups
Central de Trabajadores de la Republica de Panamá	160	82
Central Istmeña de Trabajadores	106	106
FEGETRAP	52	12
Federación Istmeña de Trabajadores	308	43
Central Nacional de Trabajadores	157	67
Brigadas Celestes	250	240
Total	1033	550

* Departamento de Relaciones con el Usario, April 1986

F. PROLACMA Information Center

One program hypothesis was that lack of scientific and technical information interfered with natural breastfeeding and appropriate infant feeding. PROLACMA, the local La Leche League affiliate, developed a project information center to address this problem. The center was located at the MOH regional office in Panama City. During three years of the project, the center catalogued more than 300 documents, distributed more than 3,000 information pamphlets; conducted training sessions for breastfeeding mothers; and responded to telephone calls from mothers who needed help in breastfeeding. It also lent slides, filmstrips, movies, and cassettes that could be used for training. The center also distributed a newsletter, LACMA, though only two issues were produced during the project. Although the center was charged with supporting other components of the project, personality differences limited communication between the center and the other project components. The distribution system did not work well. Thus, the regions were often unaware that information was available at the center.

The MOH produced educational materials, stickers, and flip charts that used the program logo. They were distributed to the regions.

V. PROJECT FINANCES

The 4-year project spent $720,000, most of it for regional training activities (Table 12). Although an expatriate advisor from INCAP was hired for three years, his salary support and benefits ($35- 40,000 per year) perhaps should be excluded from cost estimates of replicating a program such as this because he played a major role in developing all child survival activities in Panama. In addition, the advisor and MOH staff spent much time preparing detailed implementation plans for A.I.D. and plans evaluating the project. Data were insufficient to permit a cost-savings analysis, but there is some information on hospital savings from reducing formula mixed and bottles prepared for newborns. Although the principal hospital (with over 12,000 births annually) in Panama City began their milk bank before the start of the project, available data illustrate the cost savings that are possible in a major metropolitan center. The average expenditures for two-ounce bottles given to infants in the Hospital del Niño in 1980-1981 were $23,710, versus $12,490 in 1984-1985, representing a savings of more than $11,000. Data from two small regional hospitals in Coclé, each with fewer than 1,000 births per year, show a similar trend, though of a much smaller magnitude. There, project-promoted practices saved $800-1,250 per year per hospital.

Table 12. Cost of the Panama Breastfeeding Promotion Project*

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

*** Data provided in a letter from ROCAP, Panama, 1989.**

**** Expenditures reported by ROCAP for management and evaluation combined were $208,670. Based on the figures provided in the proposal, $42,000 out of a budgeted $232,000 for management and evaluation was allocated for evaluation costs. This does not include any of the INCAP project manager's salary, but includes survey costs. The $42,000 (for evaluation) was subtracted from the total reported for management and evaluation.**

These calculations of savings underestimate the overall economic impact of the programs because they do not take into account institutional savings from the reduction in Acute Respiratory Infections (ARI) and diarrheal morbidity directly associated with improvements in breastfeeding practices. Savings at the community and family level are difficult to quantify and are far beyond the scope of this project.

VI. CONCLUSION

The Panama National Breastfeeding Promotion Project differed from many other national breastfeeding promotion programs in that it consisted of separate and distinctive regional programs. Each region submitted plans for activities and received funds to conduct its own programs. The project also was unique in its focus on supporting milk banks in six of the 11 MOH hospitals. Initiating these milk banks helped reduce the use of formula and therefore hospital costs.

Training was a major component of the project, both through national and regional seminars and through local staff training conducted by members of the regional commissions. More than 4,000 health professionals were trained and nearly 50,000 of the general public directly received information about breastfeeding. Other people were reached with information through local mass media campaigns.

The project appeared to have substantially increased knowledge about the benefits of breastfeeding and to have significantly changed hospital practices. Training, combined with the enforcement of national norms for hospital practices related to breastfeeding, brought about many important changes in hospitals' breastfeeding practices. Rooming-in increased and the time between delivery and the first breastfeed shortened. Despite project activities, some differences remain in hospital practices. In some hospitals, infants still receive dextrose water; in others no supplements are given. At some sites, mothers with caesarian deliveries breastfeed shortly after delivery. At others, they are separated from their infants for more than 24 hours.

The working women's component of the project was one of the first to examine the problems working women face in breastfeeding. The findings emphasized the need for training health professionals and educating the public about methods for maintaining breastmilk output when working mothers are separated from their infants. Findings also showed a need to determine if enforcement of current laws mandating nursing breaks and creches at the worksite would increase rates of breastfeeding among working women.

Despite the relatively low cost of the project ($240,000 per year), it had impressive impact.

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APPENDIX 1

Questionnaire for Hospital Surveys

ESTUDIOS DE CASOS

1. Visitas con personas de la región que están actualmente como Jefes del Programa de Lactancia.

A.- PREGUNTAS GENERALES:

EQUIPO REGIONAL DEL PROYECTO:

1. Identifique las personas que realmente han desarrollado más actividades de Promoción de Lactancia Materna en la región.

	PROFESION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

_____

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

   % _____

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

   # _____

   % _____

5. ¿Cuántas son mujeres? # _____

   % _____

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

   # _____

   % _____

B. FUENTES DE INFORMACION

1. ¿De dónde recibe información sobre la lactancia?

Información técnica_____

(De bancos de leche,
de manejo de lactancia,
de problemas de lactancia).

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

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

C. PRACTICAS DEL HOSPITAL (una para cada hospital)

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

- Si hay banco de leche, ir al banco.

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

	G/Obstetras	Pediatras	Médicos Generales
# Total			
# Recibió Capacitación			

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

a) Observe como:

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

3. ¿Hubo cambios en las prácticas de la Lactancia Materna después de 1984? SI ☐ NO ☐

Qué cambios? _____

Dificultad? _____

Qué los motivó? _____

Alojamiento conjunto? _____ SI ☐ NO ☐

Hubo cambio en la estructura física para favorecer la Lactancia Materna? SI ☐ NO ☐

Qué tipo de cambios? _____

Dificultad? _____

Hubo cambio en los procedimientos de alojamiento conjunto: SI ☐ NO ☐

Qué tipos de cambios? _____

Dificultad? _____

4. Describa la organización para la atención del Recién Nacido

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

5. En General estaban apoyando los cambios:

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

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

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

b. ¿Cuántas están amamantando?_____ _____

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

¿De leche?_____ ¿De agua?_____

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

A las cuántas horas? _____ _____

Durante cuánto tiempo?_____ _____

Le dan Fórmula Materna a los Recién Nacidos?

A las cuántas horas?_____ _____

Durante cuánto tiempo?_____ _____

POR HOSPITAL

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

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

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

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

De qué manera: Banco_____ Directamente de su madre_____

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

_____

_____

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

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

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

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

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

Tipo_____ _____

Dónde_____

D. BANCOS DE LECHE:

1. ¿Qué porcentaje de leche va a

   niños prematuros? % =

   niños enfermos? % =

   Niños de madres enfermas? % =

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

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

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

   _____

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

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

   _____

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

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

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

CANTIDADES RECIBIDAS DE FORMULA INFANTIL USADO PARA PREMATUROS

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

CANTIDADES RECIBIDAS DE FORMULA INFANTIL USADO PARA RECIEN NACIDOS

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

CANTIDADES RECIBIDAS DE MAMADERAS

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

RECIEN NACIDOS ABANDONADOS

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

MORBILIDAD HOSPITALARIA EN RECIEN NACIDOS

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

MORTALIDAD EN RECIEN NACIDOS

AÑO	CASOS DE DIARREA	CASOS DE ENTEROCOLI-TIS NEEROTIZANTE	DE OTRAS ENFERMEDA-DES INFECTO/CONTA-GIOSA
1980			
1981			
1982			
1983			
1984			
1985			
1986			
1987			
enero-junio 30)			

APPENDIX 2

KAP Questionnaire for Obstetricians

Formulario A/1 L/2 N/3

V. CONOCIMIENTOS, ACTITUDES Y PRACTICAS SOBRE LACTANCIA NATURAL

Para Obstetras y Ginecólogos

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

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

. Información General:

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

   1

2. Nombre: _____

   2

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

   _____ de _____ de 19 81

   3 4 5 6 7 8

4. Edad del Médico: _____ años.

   9 10

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

   11

6. Número de hijos vivos: _____

   12 13

7. Dirección: _____

8. Especialidad: _____

   14

9. Universidad donde estudió la especialidad: _____

10. Tiempo de ejercer: _____ años

    15 16

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

    (Especificar: _____)

    17

53

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

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

(Especificar: _____

_____)

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

- Sí ☐ 1
- No ☐ 2

En caso afirmativo, favor llenar el siguiente cuadro:

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

Total de Eventos a que ha asistido: _____

14. Han sido amamantados sus hijos:

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

15. Fue amamantado su último hijo?

- Sí ☐ 1
- No ☐ 2

Durante cuántos meses? _____

15 19 20 21 22 23 24 25 26 27 28 29 30

54

B. Conocimientos, Actitudes y Prácticas:

1. Se le pregunta rutinariamente a las embarazadas si amamantarán a sus hijos? ___ 31

   Sí ☐ 1
   No ☐ 2

2. Si la respuesta es negativa, tratan de convencerla para que amamante? ___ 32

   Sí ☐ 1
   No ☐ 2

3. Le conversa a las señoras durante el embarazo sobre la importancia de amamantar a su hijo? ___ 33

   Sí ☐ 1
   No ☐ 2

4. Platica con el padre de familia sobre las ventajas de amamantamiento? ___ 34

   Sí ☐ 1
   No ☐ 2

5. Le enseña a las señoras durante el embarazo a prepararse los pezones? ___ 35

   Sí ☐ 1
   No ☐ 2

6. Durante el embarazo, se le da pláticas a las embarazadas? ___ 36

   Sí ☐ 1
   No ☐ 2

   a) Quién imparte estas sesiones educativas?

   _____
   _____

   b) Cuál es el contenido de estas pláticas?

   _____
   _____
   _____
   _____

   c) Qué importancia tiene para usted?

   _____
   _____
   _____

35

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

Sí ☐ 1
No ☐ 2

37

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

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

38

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

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

39

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

Sí ☐ 1
No ☐ 2

40

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

Sí ☐ 1
No ☐ 2

41

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

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

42

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

Sí ☐ 1
No ☐ 2

43

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

Sí ☐1
Cuando la madre lo solicita ☐2

15. Con qué frecuencia se debe amamantar al niño?

Horario fijo ☐1
A libre demanda ☐2

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

____ ____ horas

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

Sí ☐1
No ☐2

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

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

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

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

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

Sí ☐1
No ☐2

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

51'

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

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

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

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

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

58

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

APPENDIX 3

KAP Questionnaire for Pediatricians

Formulario: A L N
1 2 3

V. CONOCIMIENTOS, ACTITUDES Y PRACTICAS SOBRE LACTANCIA NATURAL

Para Pediatras

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

Registro:

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

1/4

A. Información General:

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

5

2. Nombre:

_____

3. Dirección:

_____

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

_____, ____ de _____ de 19____

6 7 8

9 10 11 12 13 14

5. Edad del Médico:

_____ años

15 16

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

17

7. Número de hijos vivos: _____

18 19

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

20

9. Universidad donde estudió la especialidad:

_____

10. Tiempo de ejercer:

_____ años

21 22

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

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

(Especificar: _____)

23

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

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

(Especificar: _____)

24 25 26 27 28 29

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

- Sí ☐ 1
- No ☐ 2

30

En caso afirmativo, llene el siguiente cuadro:

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

Total de Eventos: _____

31 32

14. Han sido amamantados sus hijos?

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

33

15. Fue amamantado su último hijo:

Sí ☐1
No ☐2

34

Cuántos meses? _____

35 36

B. Conocimientos, Actitudes y Prácticas:

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

Sí ☐1
No ☐2

37

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

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

38

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

Sí ☐1
No ☐2

39

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

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

40

5. Se dan fórmulas lácteas a los recién nacidos?

Sí ☐1
Cuando la madre lo solicita ☐2

41

6. Con qué frecuencia se amamanta al niño?

Horario fijo ☐ 1
A libre demanda ☐ 2

42

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

Sí ☐ 1
No ☐ 2

43

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

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

44

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

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

45

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

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

46

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

Enfermedades gastrointestinales ☐ 1
Enfermedades respiratorias ☐ 2
Alergias ☐ 3

47

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

Mastitis	☐ 1	48
Tuberculosis	☐ 2	49
Hepatitis	☐ 3	50
Cáncer	☐ 4	51
Malaria	☐ 5	52

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

Bactrín	☐ 1	53
Indocid	☐ 2	54
Librax	☐ 3	55
Metronidazol	☐ 4	56
Cloranfenicol	☐ 5	57
Aspirina	☐ 6	58
Estreptomicina	☐ 7	59
Lasix	☐ 8	60

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

Sí	☐ 1	61
No	☐ 2	

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

Anticonceptivos orales	☐ 1	62
Anticonceptivos inyectados	☐ 2	63
Diafragma	☐ 3	64
Esterilización	☐ 4	65
Espiral	☐ 5	66
D I U	☐ 6	67
Ritmo	☐ 7	68
Ninguna	☐ 8	69

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

Sí	☐ 1	70
No	☐ 2	

b) En caso afirmativo, indique estos alimentos:

_____

_____

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

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

71

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

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

72

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

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

73

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

- Sí ☐ 1
- No ☐ 2

74

Registro 2 2 4
5-8 = Registro 1

21. Qué entiende usted por destete?

_____

_____

_____

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

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

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

APPENDIX 4

KAP Questionnaire for Mothers

FORMULARIO

PROGRAMA NACIONAL DE LA LACTANCIA MATERNA

ENCUESTA SOBRE CONOCIMIENTOS, ACTITUDES Y PRACTICAS DE LACTANCIA MATERNA

I. IDENTIFICACION

Fecha: /__/__/__/__/__/__/
DIA MES AÑO

Institución /__/

01 - 31 día

01 - 12 mes

84 - 85 año

1 = Hospital Santo Tomás

2 = Policlínicas de la C.S.S.

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

especificar: ____________________

____

II. PRIMER MODULO

A. Datos Generales

1. Nombre: ________________________________
APELLIDOS NOMBRES

2. Edad: /__/__/
AÑOS

3. Meses de Embarazo: /__/

4. Dirección Exacta: ________________________________
Barriada Nº de Calle

____
Nº de Casa Corregimiento

5. Trabaja:

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

2 = Fuera de la casa y lleva al niño

3 = Fuera de la casa y no lleva al niño

69

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

   1 = De 1 a 15 minutos

   2 = De 16 a 30 minutos

   3 = De 31 a 45 minutos

   4 = De 46 a 60 minutos

   5 = Más de 60 minutos

7. Cuánto tiempo trabaja fuera de su casa?

   1 = Entre 1 y 3 horas

   2 = Entre 3 y 6 horas

   3 = Entre 6 y 9 horas

   4 = Más de 9 horas

8. Es usted:

   1 = Asegurada de la C. S. S.

   2 = Beneficiaria de la C. S. C.

   3 = Asegurada o Beneficiaria de Aseguradoras Privadas

   4 = Ninguna de las Anteriores

9. Estado Civil:

   1 = Casada

   2 = Soltera

   3 = Divorciada o Separada

   4 = Viuda

   5 = Unida

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

A los _____ meses

23 24

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

Sí ☐ 1
No ☐ 2

25

b) Cuáles? _____

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

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

26

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

Sí ☐ 1
No ☐ 2

27

Cuáles? _____

_____

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

_____

_____

_____

_____

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

Hasta _____ meses

28 29

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

Hasta _____ meses

30 31

10. Cuántos años de estudio ha realizado?

00 = Ningumo

11 = Primer Grado de Primaria

12 = Segundo Grado de Primaria

16 = Sexto Grado de Primaria (Primaria Completa)

21 = Primer Año de Secundaria

26 = Secundaria Completa

30 = Estudios Técnicos o Universitarios

B. Estructura Familiar

11. Tipo de Familia:

1 = Nuclear

2 = Ampliada

12. Número de Hijos Nacidos Vivos:

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

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

III. SEGUNDO MODULO

A. Conocimientos sobre Lactancia Materna y Alimentación del Niño

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

1 = Leche Materna

2 = Leche artificial maternizada

3 = Leche artificial entera

4 = Ambas (Materna y Artificial)

5 = Mezclas Especiales

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

_____

_____

_____

15. Ha recibido información sobre la Lactancia Materna?

1 = Sí (PASE A LA PREGUNTA Nº 16)

2 = No (PASE A LA PREGUNTA Nº 18)

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

01 = Médico Gineco-Obstetra /__/__/

02 = Médico Pediatra

03 = Nutricionista

04 = Madre

05 = Abuela

06 = Amigas o Vecinos

07 = Trabajadora Social

08 = Enfermeras

09 = Auxiliares de enfermería

10 = Radio: Especifique _____

11 = T. V.: Especifique _____

12 = Periódico: Especifique _____

13 = Afiches o Panfletos

14 = Otros: Especifique _____

17. Qué información ha recibido?

1 = Importancia de la Lactancia Materna /__/

2 = Ventajas de la Lactancia Materna /__/

3 = Preparación durante el embarazo para la Lactancia Materna /__/

4 = Como dar de mamar al niño /__/

5 = Otra, Especifique _____ /__/

18. Conoce usted las ventajas de la Lactancia Materna?

1 = Sí (PASE A LA PREGUNTA Nº 19) /__/

2 = No (PASE A LA PREGUNTA Nº 20)

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

1. _____

2. _____

3. _____

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

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

01 = Un mes

02 = Dos meses

Etcétera

90 = Hasta que el niño deje voluntariamente el pecho

95 = Hasta que el médico lo indique

98 = No sé

99 = Hasta que una pueda:

Especifique _____

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

00 = Antes del mes /__/__/

01 = Un mes

02 = Dos meses

Etcétera

83 = No sé

88 = Hasta que le salgan los dientes

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

Otras Leches /__/__/

Agua /__/__/

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

A. Prácticas de Lactancia Materna y Alimentación del niño.

30. En qué lugar fue atendido su parto?

1 = Hospital Santo Tomás

2 = Hospital de la Caja de Seguro Social

3 = Hospitales Privados

4 = Otros

Especifique: _____

31. Qué tipo de parto fue?

1 = Normal

2 = Con forcep

3 = Cesarea (PASE A LA PREGUNTA Nº 33)

4 = Otras complicaciones: Especifique _____

32. Le pusieron puntos?

1 = Sí

2 = No

3 = No sé

33. Hasta qué edad mamo su hijo?

00 = Menos de un Mes
01 = Un mes
02 = Dos meses
Etcétera
50 = Nunca mamó
} (PASAR A LA PREGUNTA Nº 34)

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

34. Por qué no está dando de mamar?

_____

_____

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

35. Hasta qué edad le dará de mamar?

01 = Un Mes

02 = Dos meses

03 = Tres meses

Etcétera

83 = No sé

98 = Hasta que el niño deje voluntariamente el pecho

99 = Hasta que el médico lo indique

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

1 = Inmediatamente

2 = En las primeras 12 horas

3 = Entre 12 y 24 horas

4 = Entre 24 y 48 horas

5 = Después de 48 horas

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

1 = Cada dos horas

2 = Cada tres horas

3 = Cada cuatro horas

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

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

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

38. Cuántos minutos mama el niño en cada pecho?

1 = De 1 a 5 minutos /__/

2 = De 6 a 10 minutos

3 = De 11 a 15 minutos

4 = Más de 15 minutos

5 = No sé

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

1 = Continuar con la Lactancia Materna /__/

2 = Cambiar a Lactancia Artificial

3 = Mixta (Materna y Artificial)

4 = No sé

5 = Otro: Especifique: _____

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

Otras leches /__/__/

Agua /__/__/

Jugos de fruta y vegetales /__/__/

Puré de frutas /__/__/

Crema de cereales /__/__/

Yema de huevo /__/__/

Puré de vegetales y verduras /__/__/

Carne molida o picada /__/__/

Menestras /__/__/

Arroz, pan, tortillas o pastas /__/__/
De Todo /__/__/

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

APPENDIX 5

KAP Questionnaire for Working Women

Ministerio de Salud

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

CSS

CONSULTA A MUJERES TRABAJADORAS SOBRE LACTANCIA MATERNA

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

A. INFORMACION GENERAL

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

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

3.- Residencia _____
Distrito Corregimiento Calle

4.- Empresa donde Trabaja _____

5.- Tipo de trabajo que desempeña _____

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

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

B. CREENCIAS SOBRE EL AMAMANTAMIENTO

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

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

8.2 ☐ Dar de mamar deforma el seno.

8.3 ☐ El calor seca la leche.

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

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

8.6 ☐ Dar de mamar afecta la relación sexual.

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

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

8.9 ☐ La leche "aguada" no es alimenticia.

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

a) _____

b) _____

c) _____

C. HABITOS DE LACTANCIA

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

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

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

_____

_____

_____

11. Con relación a sus hijos,

11.1 ☐ Todos fueron amamantados

11.2 ☐ Alguno (s) no lo fue (fueron)

Por qué? _____

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

12.1 ☐ Con horario regular de amamantar

12.2 ☐ Cuando siente los senos llenos

12.3 ☐ Cuando siente que el bebé tiene hambre

12.4 ☐ Otro _____

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

13.3 ¿le ofrecía algunas ventajas?

Cuáles? _____

_____

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

14.1 ☐ Se sintió bien

14.2 ☐ Se sintió mal

14.3 ☐ Sintió que estaba perdiendo tiempo

14.4 ☐ No le interesó

14.5 ☐ Otra _____

Especifique

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

15.1 ☐ Sentada

15.2 ☐ Parada

15.3 ☐ Acostada

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

_____ meses, años _____

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

Motivos_____

_____

_____

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

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

19.1 ☐ Usted lo sabía

19.2 ☐ Su médico

19.3 ☐ Su mamá

19.4 ☐ Una amiga

19.5 ☐ Otro modo _____

mencionelo

D. CONOCIMIENTOS SOBRE LACTANCIA

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

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

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

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

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

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

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

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

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

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

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

21.1 ☐ Lectura individual

21.2 ☐ Su madre

21.3 ☐ Una amiga

21.4 ☐ Con su médico

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

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

21.7 ☐ Otra forma _____

mencionela

OBSERVACIONES: _____

_____

_____

_____

_____

_____

FECHA