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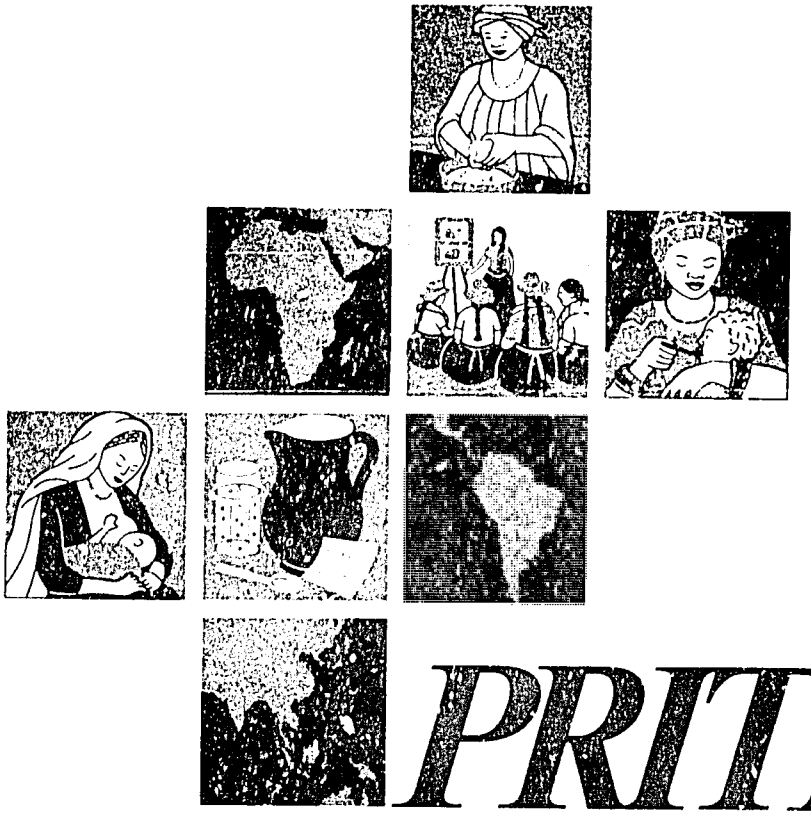

PRITECH

Technologies for Primary Health Care

Occasional Operations Papers

Lactation Management Training in a Kenyan Hospital

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LACTATION MANAGEMENT TRAINING IN A KENYAN HOSPITAL

by Karen E. Blyth, Altrena Mukuria, and Rachel Musoke

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INTRODUCTION

This Occasional Operational Paper is another in a series that the PRITECH Project, funded by the U.S. Agency for International Development, will be publishing periodically. The papers will focus on programmatic experiences in the field and on lessons we have learned. The PRITECH Project has full-time field staff operating in country and regional offices in Asia, Africa, and Latin America. Our field staff, in collaboration with their national colleagues, have operational experiences and ideas to share with their colleagues through these papers. Although the experiences derive from a particular country situation, we hope that lessons learned can be useful to CDD program managers elsewhere.

We believe that, by sharing our experiences working with national CDD programs throughout the world since 1983, we may give you new ideas for your programs. We encourage you to let us know about your experiences. We hope that you find this series interesting and useful — and that you enjoy a sense of sharing in the many struggles and successes of CDD programs throughout the world.

BACKGROUND

Kenya's control of diarrheal diseases (CDD) program was established in November 1986. Diarrhea causes 20 percent of the deaths in children under age five and is the second major cause of childhood mortality. Initially, the CDD program had focused its activities in western Kenya where diarrhea in children was the most problematic. Later, however, the CDD program branched out to extend activities throughout the country, focusing on diarrhea case management training and supervision, the logistics of supplying oral rehydration salts, and health communications. The PRITECH Project provides assistance in the areas of communications, training, operational research, and program planning.

Breastfeeding plays an important role in protecting the child against illness and possible death associated with diarrhea. Exclusive breastfeeding can reduce the incidence and prevalence of diarrhea in infants younger than six months. Feachem and Koblinsky reported that breastfeeding promotion can reduce diarrhea morbidity rates by 8 to 20 percent and diarrhea mortality by 24 to 27 percent.[1] Breastfeeding can be successfully promoted by training health workers to change their attitudes and practices and by modifying hospital routines to those that are conducive to breastfeeding.

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[1] Richard Feachem and Marge Koblinsky, "Interventions for the Control of Diarrhoeal Disease among Young Children: Promotion of Breastfeeding," *Bulletin of the World Health Organization*, vol. 62, 1984, pp. 271-91.

THE NEED FOR LACTATION MANAGEMENT TRAINING

In 1982, a study of knowledge, attitudes, and practices of health workers in maternity facilities in Kenya revealed low levels of breastfeeding knowledge and poor hospital practices related to breastfeeding.[2] The study clearly demonstrated that health workers needed additional training in lactation management. As a result, the Ministry of Health and several nongovernmental organizations developed comprehensive breastfeeding campaigns to address the problems. These campaigns included the adoption of the Code of Marketing of Breastmilk Substitutes, the dissemination of Ministry of Health circulars about breastfeeding management in hospitals, and the development of maternal counseling programs and inservice training courses for health workers.

In 1989, a follow-up study was conducted to evaluate changes in health workers' knowledge, attitudes, and practices about lactation management in Kenyan maternity wards.[3] The study showed that health workers had gained considerable knowledge in almost all areas of breastfeeding management. Concepts such as rooming-in, on-demand feeding, breastmilk expression, and avoidance of formula supplements or bottles seem to have been universally accepted. For example, 89 percent of health workers in 1989 felt that mothers and babies should be kept together, compared with only 55 percent in 1982.

Nevertheless, misconceptions persisted about specific aspects of infant feeding. In 1989, 35 percent of health workers failed to encourage exclusive breastfeeding of infants younger than four to six months of age. In addition, 38 percent of health workers still advocated the introduction of semi-solid foods prior to the recommended weaning age. Also, many health workers did not counsel the mothers about lactation management while in the hospital setting.

Although 97 percent of women initiated breastfeeding with a median duration of approximately 18 months, many mothers did not practice exclusive breastfeeding for the first four to six months. Fluids were introduced as early as the first month. Although impressive gains have been made in health workers' knowledge and hospital practices due to the active breastfeeding promotion efforts of Kenya's Ministry of Health and nongovernmental organizations, much still remained to be accomplished.

Clearly, health workers in Kenya needed additional lactation management training in order

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[2] Breastfeeding Information Group, "Knowledge, Attitudes and Practices of Health Workers in Kenya with Respect to Breastfeeding," Nairobi, Kenya, 1982.

[3] Janet Bradley and Joyce Meme, "Breastfeeding Promotion in Kenya: Changes in Health Worker Knowledge, Attitudes and Practices, 1982-89," *Journal of Tropical Pediatrics*, vol. 38, October 1992, pp. 228-234.

to play a leading role in promoting proper infant feeding practices in both the hospital setting and the home. PRITECH has always emphasized breastfeeding promotion as an important preventive measure to protect children against diarrheal morbidity and mortality. To promote breastfeeding effectively, PRITECH felt that hospital-based health workers should be targeted to strengthen their knowledge of lactation management and subsequently help to improve hospital practices. In 1991, PRITECH therefore decided to support a multidisciplinary team from the Kenyatta National Hospital as a preliminary step to the establishment of an ongoing hospital lactation management program.

ESTABLISHMENT OF THE LACTATION MANAGEMENT PROGRAM

Selection of the Lactation Management Team

Kenyatta National Hospital is the country's national teaching and referral hospital with a 2,000 bed capacity. The hospital has been active in promoting breastfeeding and was chosen as a baby-friendly initiative hospital in 1991, having initiated the World Health Organization/UNICEF 10 steps to successful breastfeeding. Kenyatta National Hospital is also implementing Kenya's Ministry of Health 14-point policy on infant feeding practices.

The administrators at Kenyatta National Hospital agreed that their trainers would be released when necessary from their routine duties to develop and implement a lactation training program for the inservice training of hospital health workers

Sequence of Events:

Wellstart lactation management training, California, November - December 1991

Development of Kenyatta National Hospital workplan, California, December 1991

Revision of the Kenyatta National Hospital workplan, Nairobi, January 1992

Development of questionnaires and knowledge, attitudes and practices studies, February - June 1992

Curriculum development meetings, May - November 1992

Pretest curriculum at first lactation management training, Kenyatta National Hospital, November 1992

Renovation of lactation management room, maternity ward, Kenyatta National Hospital, December 1992

Finalize and print lactation management curriculum, February 1993

Distribute health worker and mother surveys, March 1993

Inauguration ceremony, Lactation Management Training Program Center, March 1993

In collaboration with Wellstart, PRITECH sponsored a six-person multidisciplinary team from Kenyatta National Hospital to attend the Wellstart lactation management education program in San Diego, California, in late 1991. Guided by Wellstart, PRITECH used the following criteria to choose the hospital and the team that would participate in the training.

Hospital criteria:

- Teaching hospital where the lactation management training curriculum would have the greatest impact with preservice and inservice training programs for hospital staff, as well as medical and nursing students.

- Institutional commitment to make positive changes in lactation management and to support lactation management team members.

- Institution that is a baby-friendly hospital, as declared by the World Health Organization and UNICEF criterion.

Kenya Lactation Management Training Team

Kenyatta National Hospital
Dr. Rose Kamenwa, pediatrician
Mrs. Annie Muriu, registered nurse-midwife
Mrs. Waithira Mirie, nutritionist
Mrs. Joyce Kuruki, deputy matron
Mrs. Grace Kibua, nutritionist, advanced study fellow
Medical Training College, School of Nursing
Mrs. Anne Njenga, nurse tutor

Team selection criteria:

- Licensed health professionals from a selected institution that have demonstrated commitment toward establishing a lactation management training curriculum.

- Model team should include a pediatrician, obstetrician, nurse-midwife, postpartum nurse, and nutritionist.

- High motivation and leadership qualities as team members.

The requirement for a multidisciplinary team from one institution was extremely inportant, as it would create a unified force not experienced previously in Kenya with other Wellstart graduates, who returned to their respective institutions in different parts of the country. PRITECH was aware of the difficulties of maintaining a team spirit following US-based training, as all team members had full-time jobs at Kenyatta National Hospital.

Attendance at the Wellstart Lactation Management Workshop

Since 1983, Wellstart has offered its program to physician-nurse-adminstrator teams from key health and teaching institutions in developing countries. The program prepares professionals to develop lactation education programs and to change certain hospital practices in their own hospitals and countries. The Kenyatta National Hospital team hoped to facilitate hospital policies that positively encourage breastfeeding, such as rooming-in, demand feeding, and eliminated supplemental feeds. The Wellstart model calls upon a multidisciplinary team of pediatricians, obstetricians, nurses, nutritionists, and hospital administrators drawn from the same institution to work together to change the clinical services within their facility. In turn, these clinical services go on to serve as a teaching and training resource for other health professionals.

Each four-week course teaches the science and clinical management of lactation, response to breastfeeding problems, maternal and infant nutrition, and related topics. The Wellstart faculty assist the team to develop an action plan for organizing model services and teaching programs, together with other activities upon returning home.

After attendance at the workshop, the team members briefed the Ministry of Health and Kenyatta National Hospital staff about their Wellstart education. In February 1992, an advisory committee was formed at the hospital to designate the technical and administrative advisors. Dr. Rachel Musoke, Department of Pediatrics, who had played a major role in improving the hospital lactation management practices, agreed to be the technical advisor. Mrs. Githire, Deputy Matron, and Mrs. Pamela Malebe, Nutrition Unit, agreed to assist with the administration. Mrs. Grace Kibua, the Wellstart advanced study fellow, was the overall coordinator with support from Karen Blyth, the PRITECH country representative.

The Kenyatta National Hospital lactation management training team developed the following 1992-93 program objectives, which were largely accomplished as planned:

- To establish a 1992-93 operational time line with corresponding expected outputs for Kenyatta National Hospital, and to renovate a lactation management training program resource center.

- To conduct a health workers' and mothers' knowledge, attitudes, and practices (KAP) studies at Kenyatta National Hospital, assisted by a PRITECH consultant who would coordinate the studies and analyze the data.

- To develop a lactation management training curriculum for the Kenyatta National Hospital, with assistance from Wellstart, drawing upon materials previously developed in Kenya.

- To develop a training design and delivery plan for Kenyatta National Hospital, with direct application to job performance at the hospital.

- To support the delivery of inservice training at Kenyatta National Hospital for health staff from all appropriate hospital wards.

- To support lactation management training of trainers for Ministry of Health provincial and district-level health workers in collaboration with the Nutrition Unit of the Division of Family Health.

Health Worker and Mother Studies

When the Kenyatta National Hospital lactation management training program team returned from Wellstart in January 1992, its first step was to revise the Kenyatta National Hospital workplan so that it more accurately reflected accomplishments obtainable through March 1993, when PRITECH would end. The team agreed that studies were important to gain insight into current knowledge, attitudes, and practices at the hospital. Altrena Mukuria, a local PRITECH consultant, worked with the team to design and implement both studies. The team planned to use the findings for the development of the lactation

management curriculum for inservice training of staff at Kenyatta National Hospital.

Survey questionnaires for health workers and for mothers were developed based on earlier surveys conducted in Kenya and Zambia. During early 1992, 108 health worker and 311 mothers who had recently delivered were interviewed. The study found that the level of breastfeeding and lactation knowledge of health workers was high. Health workers were familiar with the health and nutritional aspects of breastfeeding. However, they were not knowledgeable about exclusive breastfeeding, nor were they able to advise mothers with breastfeeding management problems. In addition, the health workers were not knowledgeable about national and hospital breastfeeding policies.

The mothers' study found that although mothers are aware of the recommended period of four to six months for exclusive breastfeeding, they planned to introduce fluids or foods between two to three months or sooner, with 60 percent of mothers reporting they would introduce water in the first month. The mothers reported that they were not given advice on breastfeeding as part of their antenatal or postnatal care. Health workers were important sources of information; 52 percent of mothers who said they were influenced by other sources to supplement breastfeeding were influenced by health professionals. Seventy-two percent of mothers in the study stayed with their infants during the period in the hospital.

Information gained from the studies directed the development of the lactation management curriculum that represented the needs of both the health workers being trained and the client whom they serve. While the health workers stressed a need to upgrade their skills in lactation management, both health workers and mothers revealed a need for health workers to improve their counseling skills (both ante and postnatal).

Meanwhile, the lactation management center was renovated in the maternity ward after many months of struggle due to a leaking roof that required extensive repair. Grace Kibua, the team leader, is managing the day-to-day operations of the lactation management training program center.

Study Recommendations

Based upon the KAP study findings, it was recommended that the lactation management curriculum include a technical session on lactation management and counseling skills for health workers. It was recommended that practicums be woven throughout the course design. Beyond the training program, it was recommended that Kenyatta National Hospital develop a hospital-specific infant feeding policy. The lactation management training program should also encourage Kenya medical training colleges to include or build upon existing lactation management instruction in the basic training of health professionals.

Lactation management training participants receive their certificates.

The mothers' survey pointed to a need for a hospital policy that specifies the content of advice to be given to antenatal and postnatal mothers. This advice should include but not be limited to the appropriate period of exclusive breastfeeding, how to position and attach a baby for breastfeeding, and how to express breastmilk.

Curriculum Development

The KAP study recommendations guided the development of a lactation management training curriculum. Dr. Musoke led the working sessions that led to the development of the lactation management training curriculum. The curriculum was pretested in November 1992 with 15 Kenyatta National Hospital health workers, comprised of doctors, nurse-midwives, and nutritionists. The 10-day training program offered ample practical time and included pre- and post-tests developed by Dr. Musoke. The training was held in collaboration with the hospital staff education department. The curriculum, which was finalized in early 1993, will be used to sponsor inservice hospital training and will be made available to Ministry of Health, nongovernmental, family planning, and maternal and child health trainers and to the Wellstart alumnae in Kenya.

Future Plans for Lactation Management Training

The lactation management training team at Kenyatta National Hospital will continue to offer four to six two-week, inservice training programs for the 1,000 health professionals working at the hospital. The lactation management center is located in the maternity ward and will be open to hospital staff who are eager to learn more about lactation management in order to provide better services to their patients.

IMPACT OF THE PROGRAM

The Kenyatta national training program is still in its infant stage; therefore, it is too early to document any changes in health workers' breastfeeding knowledge, attitudes, and practices. In 1993, three inservice training programs are scheduled for hospital health workers. In 1994, the lactation training team at Kenyatta National Hospital plans to evaluate whether or not health workers and the hospital have improved their lactation management practices. It is hoped that Wellstart will be able to help the team members carry out the proposed 1994 program evaluation.

The lactation management program has been the catalyst to bring various hospital workers from different units to work towards a common goal of improved lactation management at the hospital. The lactation management training program has also aroused great interest among the hospital administrators and staff, the department of pediatrics, the Ministry of Health nutrition unit, and nongovernmental organizations. As the foundation has been solidly cemented in 1992, the enthusiasm and interest in this program will only continue to grow.

A hospital nurse helps a mother to breastfeed.

LESSONS LEARNED

The need to have committed management staff from all participating institutions was paramount to the success of this initiative. Although all participating institutions (Kenyatta National Hospital, the department of pediatrics, and the Ministry of Health) are fully involved and committed to the lactation management training program, the beginnning period was difficult. One of the main weaknesses was insufficient dialogue at the beginning of the initiative between PRITECH and the collaborating institutions about the purpose and mechanism.

PRITECH learned that a solid foundation needs to be built so that all institutions jointly agree on common goals prior to beginning any activities. Terms of reference should have been jointly developed by PRITECH, Kenyatta National Hospital, the department of pediatrics, and the Ministry of Health, prior to the selection of the team members. In addition, it would have been helpful if there had been greater cooperation from the supervisors of all team members, allowing them more time away from their day-to-day responsibilities to participate in lactation management training program activities.

Selection of the team for lactation management training is very important. The Wellstart team members brought a myriad of skills to the team effort. However, the primary missing link was a senior-level administrator or manager who could oversee management issues with all collaborating institutions, as well as a senior-level technical advisor. Although Dr. Musoke of the department of pediatrics was fortuitously available as the senior-level technical advisor, the team needed a senior-level administrator from Kenyatta National Hospital or the Ministry of Health with the experience and authority to effect change without long delays.

It is important to have the team involved in the survey design, implementation, and analysis of the findings, using a local consultant who is cognizant of the local community and environment. This approach yields the greatest results and develops local capacities.

Developing the lactation management training curriculum was a labor-intensive and time-consuming activity. Although the team members used a variety of existing curricula available in Kenya, it may have been more efficient to have adapted a standardized Wellstart curriculum.

Training trainers in participatory methodology is important. During the 10-day pretest of the lactation management training curriculum, trainers tended to revert back to didactic classroom instruction, despite earlier efforts to incorporate a more participatory approach to learning. Counseling and lactation management could have been taught largely through demonstrations in the hospital wards. The trainees felt they had not gained competency skills due to insufficient practical experience. This experience confirms the importance of

training trainers in participatory methodology. Too often, trainers are only given technical updates that do not include important participatory pedagogical skills. The next step in this program is to develop a training-of-trainers course that focuses on participatory methodological skills. In the future, the evaluation of training effectiveness will be based on changes in improved hospital practices and counseling of mothers, as well as changes in health workers' knowledge and attitudes.

Participation at Wellstart in San Diego was a wonderful opportunity for the Kenyan team, but costly. It is recommended, therefore, that Wellstart move training programs to the field to reduce unnecessary travel expenses and to participate in the important steps of project planning, implementation, and evaluation throughout the entire process. Lactation management training would also be far more practical if sponsored in-country or in a region.

Hospital-based lactation training, although important, has limited impact in the Kenyan setting. The primary breastfeeding problem in Kenya is the early introduction of weaning foods. Lactation mangement programs should branch out to work with community outreach educators in urban and rural areas to provide breastfeeding information and support to mothers in their homes.