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**ARMENIA COMMUNICATIONS CAMPAIGN  
MONITORING REPORT**

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**February 17, 1995**

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*This activity was supported by the United States Agency for International Development (USAID) under Cooperative Agreement No. DPE-5966-A-00-1045-00. The contents of this document do not necessarily reflect the views or policies of USAID.*

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## ARMENIA COMMUNICATIONS CAMPAIGN MONITORING REPORT

### PURPOSE

Wellstart International's Expanded Promotion of Breastfeeding Program (EPB) and the Ministry of Health planned and implemented a campaign to promote optimal breastfeeding in Armenia. The campaign components consisted of:

- A press conference
- A two minute TV spot
- Two radio spots
- Newspaper ads
- Production of 60,000 brochures for mothers and health providers

The campaign ran from September 20 to October 30, with radio spots and brochure distribution continuing until mid-December.

Wellstart EPB set up a monitoring system to provide interim information on the extent of campaign coverage, mothers' exposure to and recall of campaign messages, as well as infant feeding practices. This information will be used to recommend adjustments to the campaign and to refine planning for the formal evaluation which will take place in Spring-Summer 1995. Due to very limited resources and a short time-frame before winter, the scope of the monitoring is small. Nonetheless, clear trends emerge from this exercise.

### METHODOLOGY

Monitoring included two components: one examining the extent of implementation and coverage, and another providing information on mothers' campaign exposure and its impact on their breastfeeding practices. The monitoring was carried out by in-country consultant, Marineh Khachadourian, with close supervision by Wellstart.

The first component in monitoring documented campaign implementation. Marineh Khachadourian kept records of the newspaper ads and TV spots. Radio stations kept a complete record of all the spots aired. Since radio time was provided free of charge, there was no incentive for the stations to incorrectly report the number of spots aired. Monitoring of the brochures was more difficult since the Ministry of Health took responsibility for their distribution. The Ministry of Health planned to distribute the 60,000 brochures to urban and rural centers in three batches. An initial allotment was distributed to the head hospital and polyclinic doctors at the campaign launch, but apparently further distribution was not carried out.

The second component consisted of a questionnaire for mothers of infants born during the campaign. A draft questionnaire was pretested by women in two different polyclinics. Based on the results of the pretest a final questionnaire was prepared. It included questions regarding women's breastfeeding experience in the hospital, current infant feeding practices at home, exposure and recall to the campaign



(see questionnaire attached). Wherever possible questions from the baseline research carried out by Kim Hekimian in the summer of 1993 were used to permit comparability of data<sup>1</sup>.

The sample was a convenience sample of women who carried to term, had a vaginal birth, and whose infants were born since the start of the campaign (approximately six weeks to two months old). A total of 37 women associated with 6 polyclinics in Yerevan was interviewed: 18 were interviewed at their polyclinics; 12 at their homes, and 7 by phone. The very short amount of time between approval for this activity and the close-down of activities in Armenia for the winter precluded a larger sample.

The mothers interviewed were quite young; the average age was 23 years. Half of the women were primiparas; for the remaining half this was their second child. The infants were also young, due to the sampling criterion that infants be born during the campaign. One fifth of the infants were a month old or younger; half were between one to two months, another one fifth were between two and three months old, and one infant was 14 weeks old. Most of the mothers were still breastfeeding their infants (35/37).

**Table 1: Characteristics of the Sample**

Number of polyclinics	6
Number of women	37
Number still breastfeeding at time of interview	35
Average maternal age (years)	23.1 yrs
% with one, two, three children	46%, 46%, 8%
<b>Infants age</b>	
1 to 4 weeks	22%
5 to 8 weeks	54%
9 to 11 weeks	22%
14 weeks	3%

## BASIC ANALYSES

The interview results were entered into Epi Info in Washington, DC. Sample frequency, cross tabulations, and ANOVA tests were carried out using Epi Info to assess general trends in this small data set. The purpose of these analyses was to link exposure and infant feeding behaviors and to compare these initial results with baseline infant feeding practices. However, detailed conclusions regarding the impact of the campaign cannot be made until a careful evaluation is carried out. The infant feeding

<sup>1</sup> "Infant feeding practices in Armenia: A study on breastfeeding, formula use and feeding during episodes of diarrhea." Prepared by Kim Hekimian, Oct. 1993.



results documented in this report may reflect both the impact of the communications campaign supported by Wellstart EPB as well as the training carried out by the MOH with support from WHO and UNICEF.

## RESULTS AND TRENDS

Data and percentages are given below to indicate the magnitude of the difference and, because of the small sample size, should not be interpreted as representative of the Yerevan population.

### *Infant Feeding Practices*

The results of the monitoring suggest that breastfeeding practices have improved (see Annex 2 for tables of data). In comparing the monitoring results with the baseline data collected in 1993 (K. Hekimian), changes in several areas appear to have occurred:

- The timing of initiation appears to have dramatically shifted with the majority of women, 73% now, initiating from 0 to 6 hours, compared to 12% initiating from 0-6 hours before the campaign.
- On-demand feeding appears to be more common: 94% in 1994 following the campaign compared to 17% in 1993. Bottlefeeding is also lower, with 32% now reporting bottle use in the last 24 hours compared to 84% in 1993.
- The proportion of women who report giving water and formula in the last 24 hours appears to be quite a bit lower than the proportion in 1993, although the age range for 1994 was 0 to 4 months while it was 0 to 6 months in 1993, making it difficult to interpret these results.<sup>2</sup>

Women appeared to have either introduced complementary liquids (water, formula, or other liquids) very early in the infant's life, or plan to wait until the child is 3-4 months of age before doing so. This indicates that there may be two distinct groups of women with two distinct strategies for introducing liquids (rather than a continuum).

**Table 2: Age of Introduction of Liquids**

Substance	Introduced	Not Introduced
Water (Mean Age in weeks)	27% (1.4)	73% (16.6)
Formula (Mean Age in weeks)	19% (3.1)	81% (13.9)
Liquid (Mean Age in weeks)	60% (2.6)	40% (11.6)

<sup>2</sup> Water use in 1994 is 27% compared to 93% in 1993; formula use in 1994 is 19% compared to 73% in 1993; and liquids introduced in 1994 is 60% compared to 68% in 1993 (juice only).



- More women now appear to accept the recommendations for longer durations of exclusive breastfeeding than previously. When asked: "*How long will a child remain healthy on breast milk alone?*," 63% responded correctly in 1994, while in 1993 only 17% of mothers responded with the appropriate recommendation.

### *Recall of Messages*

When women were asked "*What information have you received and what have you heard?*" as well as "*Have you heard anything new on the following information?*," they were most likely to both recall and report information about messages related to:

- feeding on-demand and frequency of breastfeeding;
- bottlefeeding;
- breastfeeding is the best way to feed; and
- exclusive breastfeeding.

Less frequently recalled messages included those related to initiation, rooming-in, or the importance of feeding both in the day and night. See Table 6 in Annex 2 for actual proportions of messages remembered or defined as "new information."

About 70% of women said that they had changed their behavior as a result of the campaign and most of them reported changing to on-demand and more frequent breastfeeding. In contrast, most women still believed that Armenian women do not eat sufficiently well to successfully breastfeed (70%).

### *Relationships Between Exposure and Practices*

Although the data set is too small to make definitive conclusions about the impact of the campaign on mothers' knowledge and practices, there were some statistically significant relationships which suggest that the campaign and/or MOH training have had a strong positive impact on behavior.

Analyses indicated that greater exposure to the campaign was significantly related to:

- intention to breastfeed for a longer period;<sup>3</sup>
- reporting exclusive breastfeeding for the first 4-6 months as a new idea;
- feeding during the night;
- breastfeeding without problems.

Written material may be more effective than radio and TV as women who had seen a brochure or a newspaper article were more likely to report a longer optimal duration of exclusive breastfeeding (6 weeks compared to 10 weeks with exposure to a brochure and 6 weeks compared to 9 weeks for exposure to a newspaper). Women who tended not to introduce liquids early were also more likely to have seen a brochure.

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<sup>3</sup> Women who were exposed to 2-3 campaign components reported mean durations of 6 months or less while those exposed to 4-5 reported durations of 12 months.



Women who had reported more positive infant feeding behaviors (not introducing water, formula, and liquids) demonstrated other positive infant feeding behaviors, such as:

- feeding on-demand;
- not using a bottle in the last 24 hours;
- learning new information about on-demand feeding;
- intending to breastfeed for longer periods of time.

## CONCLUSION

Although the sample is very small, the magnitude of changes suggests that the campaign is having a significant impact. The final evaluation will produce more definitive conclusions and the monitoring results will help to guide the planning for that evaluation. Some of the emerging issues which need to be included in the evaluation are described below.

Due to the long time lag between the campaign and the evaluation, a re-running of the campaign components is necessary. The print component appears to be particularly effective and Wellstart EPB may want to concentrate on re-running the ads and doing a more comprehensive distribution of the brochures.

Since the campaign includes messages which relate to delivery facility practices, the evaluation will need to document the type and extent of training done by the MOH prior to the campaign. Depending on the distribution of training of health providers it may be possible to make inferences regarding the impact of the communications campaign alone versus the campaign plus training. Wellstart EPB will need to work with the MOH to postpone training in some facilities to enable this comparison to be made.

Since a health care provider survey was part of the baseline, a health worker survey will also be part of the final evaluation so that changes in health worker practices and attitudes and behaviors as a result of the campaign can be documented.

The qualitative piece of the final evaluation is particularly important to determine how women think and feel about the campaign as well as to provide some indication of changes which may be missed in a quantitative survey. For example, women may have wanted to initiate breastfeeding immediately or room-in with their infants, but were unable to do so because of health provider actions. The qualitative component will also help us to know why some practices were adopted while others were not.

Finally, there are anecdotal reports that formula distribution was much more tightly controlled by the MOH during the campaign. Some assessment of women's access to or beliefs about the availability of formula is needed to determine the impact of the formula supply on the campaign results. Health workers' involvement with breastfeeding promotion and/or formula distribution will also need to be determined.



**ANNEX 1**  
**IEC Questionnaire**  
**Maternal Polyclinics**



**IEC QUESTIONNAIRE  
MATERNAL POLYCLINICS**

Name of Polyclinic (Institution): \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_

Instructions to the Interviewer: It is important to build rapport with the mothers. Begin by asking a few questions that would be natural to a casual acquaintance showing an interest in the birth of a child - for example, asking the child's name, when s/he was born, birth weight, etc.

If there has been no pre-screening of the women, it will be necessary for you to determine whether the mother has given birth to a full-term infant by vaginal delivery. This must be done before you proceed with the interview. For those mothers who do not satisfy these criteria, thank the mother for talking with you, and congratulate her again on the birth of her baby.

To Interviewer: determine whether the infant was:

- Full Term [0=No 1=Yes] (born on time (full term))
- Vaginal Delivery [0=No 1=Yes] (natural birth)
- Born since start of IEC Campaign [0=No 1=Yes] (approx 6 wks to 2 months old) (less than 2 months old (6 weeks))

If all of these conditions are satisfied, then proceed with the interview. Tell the mother that you would like to ask her a few questions about feeding her child. Explain that this will take about 5 minutes. "Can you take a few minutes to talk with me?"

Then proceed.

Q1a. When was your baby born [date]?: (mm/dd/yy): \_\_\_\_\_ (same question)

Q1b. Where was your baby delivered? \_\_\_\_\_ (Give name, if appropriate) (same question)

Q2. Has your baby ever been breastfed? (Have you breastfed? Did you BF?)

- No
- Yes: Go to Q 4

Q3. What is the reason your infant was never breastfed? [Do not read responses. Mark mother's response with an "x"] (Why didn't you breastfeed? (Mark the answer without suggesting a choice))

- a.  no milk (insufficient milk)
- b.  baby could not suckle (same)
- c.  breast problems (same)
- d.  mother didn't want to breastfeed (same)
- (baby too old)
- (baby refused breast)
- e.  mother ill
- f.  child ill
- g.  mother plans to return to work (mother worked/studied)
- h.  other: \_\_\_\_\_ (same)



Go to Q12.

Q4. Please think back to when the child was first put to your breast. How much time passed between the birth and the first breastfeed? (Try to remember when the baby was first brought to the breast? (how long after delivery?))

\_\_\_\_\_ minutes (hours)  
 \_\_\_\_\_ hours

Q5. Is your child still breastfeeding? (Do you still breastfeed?)

\_\_\_ No  
 \_\_\_ Yes: Go to Q8

Q6. How old was your child when s/he stopped breastfeeding? (At what month did you stop breastfeeding?)

\_\_\_\_\_ months  
 \_\_\_\_\_ days

Q7. Why did your baby stop breastfeeding? [Do not read responses. Mark each response given by a mother with an "x"]

- a. \_\_\_ no milk (insufficient milk)
- b. \_\_\_ baby could not suckle (same)
- c. \_\_\_ breast problems (same)
- d. \_\_\_ mother didn't want to breastfeed
- e. \_\_\_ child too old (baby too old)
- f. \_\_\_ child gave up breast (baby refused breast)
- g. \_\_\_ mother ill (child ill)
- h. \_\_\_ child ill (mother ill)
- i. \_\_\_ mother returned to work (mother worked/studied)
- j. \_\_\_ other: \_\_\_\_\_

Go to Q12

Q8. Are you mostly feeding on schedule or on demand? (In general, do you feed with a schedule or not keeping time (on demand)?)

\_\_\_ Schedule  
 \_\_\_ On-Demand

Q9. Do you breastfeed your baby during the night? (Do you feed at night?)

\_\_\_ No  
 \_\_\_ Yes

Q10. In the past week, have you had any problems with breastfeeding? (Within the last week, have you had any concerns related to breastfeeding)

- \_\_\_ No  
 \_\_\_ Yes: What? [Do not read responses. Mark with an "x" each problem that a mother mentions. More than one response may be marked.]
- a. \_\_\_ Insufficient milk (same)
  - b. \_\_\_ Weak/poor quality milk (watery of poor quality milk)
  - \_\_\_ (Mother's diet)



- c. \_\_\_ Problems with breast (d. \_\_\_ breast problems (painful/cracked nipples, mastitis))  
 d. \_\_\_ Problems with sore nipples  
 e. \_\_\_ Problems with mastitis  
 f. \_\_\_ Problems with engorgement  
 g. \_\_\_ Baby suckles poorly (e. \_\_\_ baby couldn't suckle)  
 h. \_\_\_ Other: \_\_\_\_\_

Q11. For how long do you expect to keep breastfeeding your child? (Until when do you expect to breastfeed?)

- \_\_\_\_\_ (weeks of age)  
 \_\_\_\_\_ (months of age)  
 \_\_\_\_\_ (years)  
 \_\_\_\_\_ "As long as my milk lasts" (If mother gives this response, probe by asking:  
 "How long do think that will be?" \_\_\_\_\_ weeks  
 \_\_\_\_\_ months)

Q12. Since this time yesterday, has your baby received any of the following? [Read items and follow-up with appropriate questions.] Starting from yesterday, wich of the following has s/he received?)

	If NO, when do you plan to begin giving your child (water, etc.)	If YES, when did your baby start to get (water, etc.)
Water	___ NO ___ weeks of age	___ YES ___ weeks of age
Infant Formula	___ NO ___ weeks of age	___ YES ___ weeks of age
Other Liquids	___ NO ___ weeks of age	___ YES ___ weeks of age
Foods	___ NO ___ weeks of age	___ YES ___ weeks of age

Q13. Since this time yesterday has your child had anything to drink from a bottle with a nipple/teat? (Starting from yesterday, has the baby received anything from a bottle?)

- \_\_\_ No  
 \_\_\_ Yes

Q14. Interviewer: I'm going to mention places where you might have heard something about breastfeeding or infant feeding in the past 2 months. As I read the list, please tell me if you have heard something about infant feeding from this source. (I read the names of places where you might have heard about infant feeding in the past two months. Please tell me from what source you have heard about this.)



- a. Have you heard anything about breastfeeding or infant feeding on the radio? (same)  
 No  
 Yes
- b. Have you heard anything about breastfeeding or infant feeding on TV? (TV)  
 No  
 Yes
- c. Have you seen anything in a newspaper? (newspapers)  
 No  
 Yes
- d. Have you seen this brochure? (Hold up an example of our brochure) (same)  
 No  
 Yes  
*If YES:* Do you have a copy of this brochure? (same)  
 No  
 Yes  
*If YES:* Where did you get a copy of this brochure? \_\_\_\_\_ (almost same)
- e. Has a health worker said anything to you or given you any materials about infant feeding?  
 (same)  
 No  
 Yes
- Q15. What was said in those messages? Can you remember some of the specific things that were said? [PROBE: "Anything else? Anything else?"  
 " NOTE: Do not read. Mark with an "x" each message that the mother is able to recall. Mother does not need to say the message exactly as it is shown below. If what she says is similar in meaning to the message below, mark the message with an "x".] (Q17. What information have you received? What have you heard? (Do not suggest a choice.)
- a.  Breastfeed your baby; breastmilk is best  
 b.  Initiate breastfeeding within half hour of birth; begin to feed immediately  
 c.  Keep baby in same room  
 d.  Feed only breastmilk for 4-6 months  
 e.  Avoid bottlefeeding  
 f.  Breastfeed whenever the baby wants; no clock (feed on-demand)  
 g.  Breastfeed frequently  
 h.  Don't worry about your diet  
 i.  Breastfeed during both day and night  
 j.  Mother is not able to recall messages  
 k.  Other: \_\_\_\_\_

Age question is here in Armenian Questionnaire.



Q16. Did any of these messages give you new information that you hadn't heard before? (Q20. Have you heard anything new on the following information (re: infant feeding))

- No  
 Yes

If YES: Which? (Interviewer: Do not read. Mark with an "x" each message that the mother mentions.)

- a.  Breastfeed your baby; breastmilk is best (breastfeed)  
 b.  Initiate breastfeeding within half hour of birth; begin to feed immediately (start immediately)  
 c.  Keep baby in same room (same)  
 d.  Feed only breastmilk for 4-6 months (same)  
 e.  Avoid bottlefeeding (same)  
 f.  Breastfeed whenever the baby wants; no clock (feed on demand)  
 g.  Breastfeed frequently (same)  
 h.  Don't worry about your diet (don't worry - nutrition)  
 i.  Breastfeed during both day and night (feed day and night)  
 j.  Mother is not able to recall messages (doesn't remember anything)  
 k.  Other: \_\_\_\_\_

Q17. Did you do anything differently as a result of hearing/seeing the messages? (Q21. Based on the new information you have heard, have you changed your approach to feeding your child?)

- No  
 Yes

If YES: What? (Record what the mother says in the space below, using her exact words.)

Q18. According to you, up to what age will a baby remain healthy by only breastfeeding, not giving even water, juice, or any other food? (Q22. In your opinion, until what age can the child be healthy through exclusive breastfeeding, even without water, juice, tea, or other nutrition?)

\_\_\_\_\_ months  
 \_\_\_\_\_ days

Q19. Do you think most Armenian women are eating sufficiently well to breastfeed successfully? (Q23. Do you think that women in Armenia have enough nutrition to successfully breastfeed?)

- No  
 Yes

Q20. If you saw the advertisement for breastfeeding on TV, what did you think of it? [Record the mother's response in the space below, using her exact words.] (Q24. What is your opinion of the TV advertisement? (open-ended))

[PROBE: Did you especially like or dislike anything? NOTE: Record mother's exact words below]



like: \_\_\_\_\_

dislike: \_\_\_\_\_

Q21. [Mother's age]: How old were you on your last birthday? (Q18. About the mother - How old did you turn on your last birthday?)  
\_\_\_\_\_ years

Q22. How many children do you have? (Q19.) \_\_\_\_\_

***Interviewer: Thank the mother for her time and cooperation.***



**ANNEX 2**  
**Monitoring Results**

**Table 1: Delivery and Breastfeeding Patterns**

<b>Initiation and Breastfeeding</b>	<b>1994 Campaign Monitoring</b>	<b>1993 Breastfeeding Study<sup>4</sup></b>
Timing of Initiation	(n=37)	(n= 479)
0 to 6 hours	73.0%	11.9%
6 to 12 hours	2.7%	9.4%
12 to 24 hours	21.6%	28.5%
1 to 2 days	2.7%	19.5%
2 to 3 days		21.5%
On-demand Feeding	(n=35)	(n=479)
	94.3%	17.3%
Day and Night Feeds	94.3%	
Lactation Problems	31.4%	
Bottle Use reported 0-4 months	32.4%	83.7%

**Table 2: Introduction of Liquids and Foods**

<b>Substance Introduced</b>	<b>1994 Campaign Monitoring</b>	<b>1993 Breastfeeding Study</b>
Sample	(n=35, 0 to 4 months)	(n=479, 0 to 6 months)
Water	27.0%	92.9%
Formula	18.9%	73.3%
Liquids	59.5%	67.6% (juice)
Foods		56.2%

<sup>4</sup> The sample of infants in the monitoring study is much younger than in the 1993 Hekimian study. However, K. Hekimian reports that by one month 52% of the infants were being bottlefed which is still much higher than the monitoring study's proportion of 32.4% (0 to 4 months).

**Table 3: Duration of Breastfeeding**

"For how long do you expect to keep breastfeeding your child?"	Intended Length of Breastfeeding (n=12 or 34%)	"As Long As Milk Lasts" (n=23 or 65%)
1 to 3 months	41.7%	23.8%
4 to 6 months	8.3%	28.6%
9 to 11 months		4.8%
12 months	50.0%	28.6%
24 months		14.3%

**Table 4: Optimal Length of Exclusive Breastfeeding**

How Long Will a Child Remain Healthy on Breast Milk Alone?	1994 Campaign Monitoring (n=30)	1993 Breastfeeding Study (n=477)
0 to 3 months	6.7%	25%
4 to 6 months	63.3%	17.2%
greater than 6 months	30%	26.2%
don't know		30.6%

**Table 5: Exposure to Campaign Components**

Campaign Components	Percent Exposed (n=37)
Radio	64.9%
TV	94.6%
Newspaper	81.1%
Seen brochure	59.5%
Copy of brochure	36.1%
Health worker discussed	67.6%

**Table 6: Messages Recalled**

	<b>Among all mothers % recalling each message (n=37)</b>	<b>Among mothers reporting that they heard new info % citing each message (n=25)</b>
No clock	78%	92%
Avoid bottlefeeding	40%	32%
Breast milk is best	40%	8%
Feed only breast milk for 4-6 months	32%	28%
Initiate bf within 1/2 hour of birth	13%	8%
Breastfeed both day and night	10%	4%
Keep baby in same room	5%	8%
Breastfeed frequently	not included	44%
Don't worry about your diet	0%	0%

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## WELLSTART INTERNATIONAL

Wellstart International is a private, nonprofit organization dedicated to the promotion of healthy families through the global promotion of breastfeeding. With a tradition of building on existing resources, Wellstart works cooperatively with individuals, institutions, and governments to expand and support the expertise necessary for establishing and sustaining optimal infant feeding practices worldwide.

Wellstart has been involved in numerous global breastfeeding initiatives including the Innocenti Declaration, the World Summit for Children, and the Baby Friendly Hospital Initiative. Programs are carried out both internationally and within the United States.

### **International Programs**

Wellstart's *Lactation Management Education (LME) Program*, funded through USAID/Office of Nutrition, provides comprehensive education, with ongoing material and field support services, to multi-disciplinary teams of leading health professionals. With Wellstart's assistance, an extensive network of Associates from more than 40 countries is in turn providing training and support within their own institutions and regions, as well as developing appropriate in-country model teaching, service, and resource centers.

Wellstart's *Expanded Promotion of Breastfeeding (EPB) Program*, funded through USAID/Office of Health, broadens the scope of global breastfeeding promotion by working to overcome barriers to breastfeeding at all levels (policy, institutional, community, and individual). Efforts include assistance with national assessments, policy development, social marketing including the development and testing of communication strategies and materials, and community outreach including primary care training and support group development. Additionally, program-supported research expands biomedical, social, and programmatic knowledge about breastfeeding.

### **National Programs**

Nineteen multi-disciplinary teams from across the U.S. have participated in Wellstart's lactation management education programs designed specifically for the needs of domestic participants. In collaboration with universities across the country, Wellstart has developed and field-tested a comprehensive guide for the integration of lactation management education into schools of medicine, nursing and nutrition. With funding through the MCH Bureau of the U.S. Department of Health and Human Services, the NIH, and other agencies, Wellstart also provides workshops, conferences and consultation on programmatic, policy and clinical issues for healthcare professionals from a variety of settings, e.g. Public Health, WIC, Native American. At the San Diego facility, activities also include clinical and educational services for local families.

*Wellstart International is a designated World Health Organization Collaborating Center on Breastfeeding Promotion and Protection, with Particular Emphasis on Lactation Management Education.*

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