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Evaluation report of the breastfeeding support
project PROALMA (Proyecto de Apoyo a la
Lactancia Materna)

by

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In 1982, the PROALMA project was set up to develop and adopt institutional procedures in support of breastfeeding, to train health workers in the theory and practice of maternal-child health, and to develop and implement norms for maternal-infant nutrition among the urban population of Honduras. For the first few years of implementation, the project concentrated its initial efforts on the populations of Tegucigalpa and San Pedro Sula, where the lowest prevalence of breastfeeding appears to exist. A mid-term evaluation of the project was carried out by an INCS consultant in 1984, and in 1985 a summative evaluation was carried out by this INCS consultant, Leslie Zeldin.

In its three years of existence, PROALMA has accomplished quite a lot. The project has worked closely with the Ministry of Health in providing assistance in the development of a national breastfeeding policy. Three breastmilk banks have been inaugurated, and PROALMA has trained approximately 1,000 medical personnel in breastfeeding principles, childhood nutrition, and breastfeeding techniques and promotion. Educational materials have been prepared and disseminated; two national medical breastfeeding seminars have been held; and a breastfeeding documentation and information center has been established.

Although many health personnel still lack adequate training in promoting breastfeeding, PROALMA's efforts have contributed to many positive changes in the knowledge and attitudes of health personnel related to breastfeeding. The recommendations they make to mothers reflect these changes. Birthing practices have changed in the participating hospitals; in particular, improvements have been made in the encouragement of mother-child bonding as soon as possible after birth. The evaluator notes that the PROALMA project should be continued, although, if expanded on a national level, it should work more closely with the Ministry of Health. Other recommendations are included in the report.

Christine Hollis
Staff Communications Specialist, INCS
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1. Example of the Questionnaires.

1. INTRODUCTION

1.1 PURPOSE OF THE EVALUATION

The Honduran Breastfeeding Support Project - PROALMA (Proyecto de Apoyo a la Lactancia Materna) is nearing the end of its initial three year contract, and in accordance with the Evaluation Plan for the Project (1), a summative evaluation was undertaken to determine to what extent the original objectives of the project were achieved and to measure the impact its activities had on the health and welfare of mothers and infants. The evaluation results will also be used to determine the future status of the project. This report is the presentation of the evaluation findings.

1.2 PROJECT HISTORY

On 7 September 1982 four institutions signed an agreement (2) whose purpose was the "development, implementation and evaluation of a self-sustaining national, maternal breastfeeding program with the goal of promoting the health and welfare of infants in Honduras". In this document the US Agency for International Development, the Honduran Ministry of Public Health, the National Social Welfare Agency and the Honduran Social Security Institute agreed to develop and implement norms for maternal-infant nutrition, to develop and adopt institutional procedures in support of breastfeeding, and to train health workers in the theory and practice of maternal-child health.

The project concentrated its initial efforts on two urban populations, Tegucigalpa and San Pedro Sula, where the lowest prevalence of breastfeeding is believed to exist. A project

director, sub-director and secretary were hired to staff the central office and office space was provided by the National Social Welfare Agency. The subdirector left her post after one and a half years of service for personal reasons; no one has since been hired to replace her. A technical assistant was also hired, based in San Pedro Sula.

Four health care institutions were targeted during the initial period: the Maternal Child Hospital in Tegucigalpa which is the national referral and teaching hospital, two Social Security hospitals, one in Tegucigalpa and one in San Pedro Sula, and the main public health center in Tegucigalpa, Alonso Suazo. By the end of January 1983, two PROALMA personnel funded by A.I.D. were staffed in each institution with designated counterparts.

The Maternal Child Hospital was provided with one full-time Nurse Coordinator - a professional nurse, and one full-time Breastfeeding Counselor - a nurse auxiliary. The project strategy in this institution focused on changing the attitudes and practices of health care providers by incorporating breastfeeding education into their professional training. In the Social Security hospital in Tegucigalpa a Nurse Coordinator and a Breastfeeding Counselor were hired, and in San Pedro Sula one Nurse Coordinator and one Medical Coordinator were hired. The strategy in each Social Security hospital was to implement a breastfeeding support system to promote the early initiation and increased duration of breastfeeding, the decreased use of artificial milk formulas, and parental-infant bonding among the recipient population. In the Alonso Suazo health center two personnel were hired, one Nurse Coordinator and one Health Educator - both professional nurses.

The strategy in this center focused on the development of a model breastfeeding support system in the public health sector which can be adapted to other urban health centers in the country. This model was intended to promote breastfeeding among the community at large.

To date, two PROALMA personnel are contracted directly by the institutions where they work: the Nursing Coordinator of the Social Security hospital in Tegucigalpa and the Medical Coordinator in San Pedro Sula.

Documentation of the achievements of PROALMA in terms of the development of national norms, educational materials on maternal infant nutrition and the design of a national policy for the promotion of breastfeeding can be found in Reference 3.

1.3 PROJECT IMPLEMENTATION

The principle objective of PROALMA's work is to impart knowledge on the promotion of breastfeeding to institutional staff and mothers. In each of the institutions where the PROALMA staff are employed, daily visits are made to the postpartum ward where breastfeeding counseling is provided to assure that each mother is able to breastfeed. Visits are also made to the growth and development clinic, the breastmilk bank, the labor and delivery areas, the newborn nursery, the pediatric ward and other maternal-child related areas in each institution. The PROALMA Nursing Coordinator at the Alonso Suazo health center covers the other health centers of the metropolitan region as well. Through these health centers, local midwives are educated on breastfeeding promotion in their communities. In some communities support groups of mothers exist and receive collaboration from PROALMA staff.

Weekly meetings are held for all PROALMA staff in Tegucigalpa at the central office in the National Social Welfare Agency.

In San Pedro Sula the daily routine is similar to that of the institutions in Tegucigalpa. The project's technical assistant is based in San Pedro Sula, but spends one week each month in Tegucigalpa, consulting with the PROALMA staff and assisting in areas of need.

1.4 EVALUATION METHODOLOGY

The project evaluation is divided into four general areas:

- hospital procedures and routines, including national norms and policies;
- knowledge, attitudes, and practices of health personnel;
- postpartum care of mothers; and
- community nutrition practices.

For each evaluation area, baseline data was collected in 1981 and 1982 prior to the initiation of the project.

Post-intervention data was collected in 1985 after two years of project implementation. This evaluation is based on a pre-post intervention comparison. All pre-intervention data is reported in the Evaluation Plan for the Project (1). The first evaluation area covered informal interviews and observations in the three hospital program sites where labor, birthing and postpartum routines were evaluated, institutional norms reviewed, and institutional savings calculated from the decrease in infant formula use. Data was collected on the rate of newborn abandonment and cesarean sections and the major causes of hospital morbidity and mortality in the neonatal period. A copy of the consultant's report can be found in Reference 4.

The second evaluation area was carried out through a survey of all health personnel in each project site. Knowledge, attitudes and practices related to breastfeeding were evaluated. The results of the survey can be found in section three of this report. The third evaluation area focused on postpartum care. A survey of postpartum mothers was conducted in the three hospital sites in order to evaluate prenatal, birthing and postpartum care and mothers' knowledge of infant feeding practices. The results of the survey can be found in section four of this report. The final evaluation area was a community based survey in urban, low income neighborhoods of Tegucigalpa. Mothers' knowledge and attitudes towards breastfeeding, infant feeding practices during the first year of life and children's health status were evaluated. The results of the survey appear in section five of this report.

The post-intervention data analysis was performed in cooperation with the Electronic Data Processing Unit (UNI-COMPUTO) of the Ministry of Health. A copy of each of the questionnaires can be found in Appendix 1.

2. PROJECT OBJECTIVES

Listed below are twelve objectives established in the Project Agreement (2), and the extent of their achievement since 1983 when PROALMA initiated its activities. For a more detailed report of PROALMA's activities, see Reference 3.

2.1 ESTABLISHMENT OF A NATIONAL BREASTFEEDING POLICY

It was originally intended that this policy would be established by the National Breastfeeding Commission, but due to personnel problems this Commission was dissolved at the end

of 1983. In March of 1984, a National Family Planning and Breastfeeding Program was initiated in the Ministry of Public Health. Through this program, a national breastfeeding policy exists, and PROALMA together with Ministry personnel are presently in the process of training regional health personnel throughout the country on implementing the program norms in accordance with the national policy.

PROALMA participated in the National Breastfeeding Commission, while it existed, and was directly involved with the Ministry of Health in providing technical assistance to the development of a national breastfeeding policy.

2.2 ESTABLISHMENT OF INSTITUTIONAL PROCEDURES AND NORMS IN SUPPORT OF BREASTFEEDING

In 1983, a committee was established in each hospital project site for the purpose of developing institutional norms for breastfeeding promotion. The Maternal Child Hospital has developed norms pertaining to gynecology, obstetrics, postpartum care, neonatology and the breastmilk bank. These norms are not yet in final form for distribution. The Honduran Social Security Institute has also developed breastfeeding norms which are in the process of revision. These norms pertain to labor and birth, the newborn nursery, postpartum care, gynecologic care, the outpatient clinic, pediatric care and the breastmilk bank. The Ministry of Health, through its national breastfeeding program, has developed national norms which are currently being reviewed and prepared for distribution. These norms pertain to all levels of care within the public health care system. Implementation of the norms is the next stage to help regulate those changes which were achieved in each institution and to further institutionalize the national breastfeeding policy.

The technical staff of PROALMA participated directly in each institution in the development of their norms. The norms of the Ministry of Health were developed from the norms for the Maternal Child Hospital as well as from an outline developed by PROALMA for a training course in 1984.

2.3 ESTABLISHMENT OF A BREASTMILK BANK IN EACH HOSPITAL PROJECT SITE FOR PREMATURE INFANTS AND SICK NEWBORNS

In April of 1984, nine professional nurses, five auxiliary nurses and one doctor received training on breastmilk bank management for one week in the National Children's Hospital in San Jose, Costa Rica. Six electric milk pumps were purchased for the three breastmilk banks. In October of 1984, the three breastmilk banks were inaugurated, and financial assistance was provided by UNICEF to paint and equip the area where each breastmilk bank is located. Since their initiation, 857 liters of breastmilk have been collected for the treatment of premature infants and sick newborns. The next stage planned is the implementation of a voluntary donor system for mothers who want to donate breastmilk to the banks to increase the amount of breastmilk collected.

All PROALMA staff participated in the training received in Costa Rica and have continued to assist the milk bank staff in developing a procedures manual, organizing the milk bank and providing assistance when needed. The existence of the breastmilk banks are a direct result of PROALMA's efforts in each institution.

2.4 TRAINING OF HEALTH PERSONNEL ON THE THEORY AND PRACTICE OF BREASTFEEDING

From 1983 to 1984, approximately 1,000 professional nurses, auxiliary nurses, and other health personnel were trained in the theory of breastfeeding, childhood nutrition, prenatal care and nutrition, how to deal with special breastfeeding problems and the implementation of institutional procedures promoting breastfeeding. The training focused on nursing personnel primarily. In 1985, all doctors beginning their year of social service work were trained for two days in the theory and practice of breastfeeding. This was the first time this training took place, and is expected to be repeated next year when a new group of doctors begin their social service training.

All of the training courses and seminars were organized and conducted by the PROALMA staff who from its own training is now able to train others. PROALMA has developed training materials which are theoretically and practically oriented and are used in all the courses they conduct.

2.5 DEVELOPMENT OF EDUCATIONAL MATERIALS ON BREASTFEEDING FOR HEALTH PERSONNEL IN HOSPITALS AND HEALTH CENTERS

For the various training sessions given by PROALMA, pamphlets were developed, bibliographies put together and relevant articles photocopied for distribution to the participants. The pamphlets developed by PROALMA cover special situations in breastfeeding, the situation of breastfeeding in the world, anatomy and physiology of breastfeeding, advantages of breastfeeding, the technique and care for successful breastfeeding, medical complications which can occur during

breastfeeding, and breastfeeding, fertility and family planning. In total over 25,000 pamphlets were distributed from 1983 to mid-1985.

To date, educational materials have not been developed for popular distribution. All the materials were developed to target health personnel and are used during training sessions. The next phase of PROALMA should focus on the expansion of this objective, developing educational materials for various target populations and for national distribution.

2.6 DEVELOPMENT OF A TRAINING COURSE ON BREASTFEEDING FOR MEDICAL PERSONNEL

PROALMA conducted eleven seminars in 1984 directed at medical personnel who work in obstetric, gynecologic and pediatric care. In total, 109 doctors and 260 nurses and other health personnel were trained. Guest speakers were invited and the Project Director participated as a speaker in several of the workshops. PROALMA distributed its own educational materials as well as reprints of medical information oriented towards physicians.

2.7 IMPLEMENTATION OF A NATIONAL MEDICAL BREASTFEEDING SEMINAR DIRECTED AT GENERAL PRACTITIONERS, AND SPECIALISTS IN PEDIATRICS AND GYNECOLOGY

This first seminar took place in October of 1983 in Tegucigalpa with 206 health professionals participating, and the second seminar took place in November of 1984 in San Pedro Sula with 312 participants. Both seminars were organized and conducted by PROALMA and involved the participation of national personnel as well as international personnel from

universities and hospitals in Latin America. Due to the success of both seminars, it was requested that other seminars be conducted in other cities throughout the country involving more national medical participation and the presentation of national studies.

2.8 DEVELOPMENT AND DISTRIBUTION OF EDUCATIONAL MATERIALS ON BREASTFEEDING FOR THE GENERAL PUBLIC

The primary target of this objective is mothers in communities where the project exists.

To date, various posters, pamphlets and flip charts have been developed and distributed. PROALMA also collaborated with the Division of Education in the Ministry of Health in the development of posters and pamphlets. The Ministry of Labor also developed and distributed a poster on breastfeeding. With the expansion of the project, more educational materials will be needed for the hospitals and health centers, and the broadened target population.

2.9 COORDINATION WITH HEALTH PERSONNEL TRAINED IN BREASTFEEDING FOR ASSISTING AND SUPPORTING LACTATING MOTHERS

A major portion of PROALMA's time was focused on the achievement of this objective. Much effort was made to coordinate with institutional personnel in working out problems involved in changing hospital routines and reinforcing these personnel in their new activities. Collaboration was achieved through institutional executive committees, individual meetings with physicians and nurses and staff meetings with the various wards involved.

PROALMA has also focused on the individual counseling of mothers with special problems. In total over 100 home visits took place in order to help mothers with special breastfeeding problems.

Daily rounds are made by the PROALMA staff on the maternity wards and bedside counseling is provided to each mother.

Some support groups among mothers and community leaders were developed, but an ideal amount of time has not yet been dedicated to this activity. More direct community work and outreach activities through the outpatient clinics of the project institutions is needed in order to significantly increase the duration of breastfeeding among the general target population.

2.10 ESTABLISHMENT OF A DOCUMENTATION AND INFORMATION CENTER ON BREASTFEEDING

For this center, more than 70 books on breastfeeding, prenatal care, postpartum care and maternal-child nutrition were purchased. Close to 500 scientific articles from medical journals were obtained through the Pan American Health Organization, La Leche League and the Regional Documentation Center of INCAP (Instituto de Nutrición de Centro America y Panamá). UNICEF has donated a photocopy machine, which is scheduled to arrive in September of this year. The physical locale of the center has not yet been established and the resources are presently located in PROALMA's central office in the National Social Welfare Agency. Space was obtained in the Maternal Child Hospital through the Honduran Pediatric Association and will be occupied towards the end of 1985. PROALMA has also coordinated with the National Medical Library

in Tegucigalpa in sending them copies of articles on breastfeeding and maternal-child nutrition for the use of medical and nursing students.

2.11 ADMINISTRATIVE ACTIVITIES

Since PROALMA has no administrator and only one secretary, much of the administrative work is carried out by the technical staff. Administrative activities consist of preparation for and assistance in the Board of Directors meetings, administrative coordination between the central office and each component office, the preparation of trimestral reports of all activities undertaken and compliance with A.I.D. rules and regulations for financing.

As a result of the first project evaluation, the Board of Directors was reactivated. Formerly, little participation was shown by the members. Since it was reactivated, it has met 10 times with an estimated 70-100 percent participation by the members.

2.12 DEVELOPMENT OF A PLAN FOR THE INSTITUTIONALIZATION OF BREASTFEEDING PROMOTION

This objective was targeted through the development of institutional and national norms. Norms are developed and in the process of review and approval, as mentioned above. Another step in the process of program institutionalization is the direct hiring by the institutions of breastfeeding promoters. This has been achieved in each of the Social Security hospitals where a plan was developed with PROALMA for the institutionalization of the program. As a result, one staff person was directly contracted by each hospital. The Maternal Child Hospital has not yet begun to institutionalize

the program, but a permanent executive committee has been created of related division chiefs and PROALMA representatives. The further institutionalization of the project is planned for the next stage.

3. SURVEY OF HEALTH PERSONNEL - KNOWLEDGE, ATTITUDES AND PRACTICES

3.1 OBJECTIVE

The objective of this survey was to evaluate health personnel in all project sites regarding their knowledge and attitudes about breastfeeding and their actual practices in the institutions where they are employed.

3.2 METHODOLOGY

Precoded questionnaires with 78 questions were distributed to all health personnel connected with maternal-child care. Interviews were not conducted, but rather each person was asked to fill out the form and return it to the PROALMA staff of that institution. In some cases they were asked to complete the questionnaire on the spot so that in case of inquiries or questions left blank, assistance could be provided. But this was not done in most cases, and since this survey was undertaken before the arrival of the evaluator, no instruction was given as to how it should be conducted. For this reason, 25 questionnaires were eliminated which were filled out improperly and could not be used. Since a number of questions were left blank, the total sample for each variable differs.

A sample of 589 questionnaires were filled out, of which a sample of 427 was selected for data processing.* An

*Approximately 1000 questionnaires were distributed by the institutions over a two week period, of which 589 were filled out and returned.

overwhelming response was shown to this survey in comparison to the initial data collection. Since auxiliary nurses represent the majority of health personnel surveyed, their sample was the largest. Of a total of 276 questionnaires filled out by auxiliaries, a 50 percent random sample was selected to minimize the data entry process, resulting in a final sample of 139. The final sample for all personnel surveyed is shown below.

Obstetricians	37
Pediatricians	39
General Medicine	38
Residents	35
Interns	18
Students - medical and nursing	18
Professional Nurses	75
Auxiliary Nurses	139
Social Workers	23
Others	<u>5</u>
TOTAL	427

3.3 RESULTS

The results of the survey are presented in eleven subject areas: demographic characteristics of the sample population, postpartum period, formula introduction, weaning, introduction of other supplements, management of breastfeeding, bonding, breastfeeding problems, advantages of breastmilk, illnesses and medications, and anatomy and physiology.

Many changes are seen in the knowledge and attitude of health personnel towards breastfeeding and breastfeeding related

issues. While many changes have occurred in practices promoting breastfeeding in the hospitals, many health personnel still lack adequate training and direct experience with breastfeeding mothers and therefore they have not yet developed adequate practices in the promotion of breastfeeding and in dealing with the problems lactating mothers encounter.

3.3.1 Demographic Characteristics of the Sample Population

The sample population reflects the general health worker population in that it is highly female dominated; 70 percent female and 30 percent male. Yet representation of sex by speciality is highly skewed; 71 percent of the sample of doctors are male and 96 percent of the sample of nurses and other health personnel are female.

The mean age of the respondents was 35, ranging from 17 to 72. The mode was 30 years of age with 70 percent falling between 24 and 40 years of age.

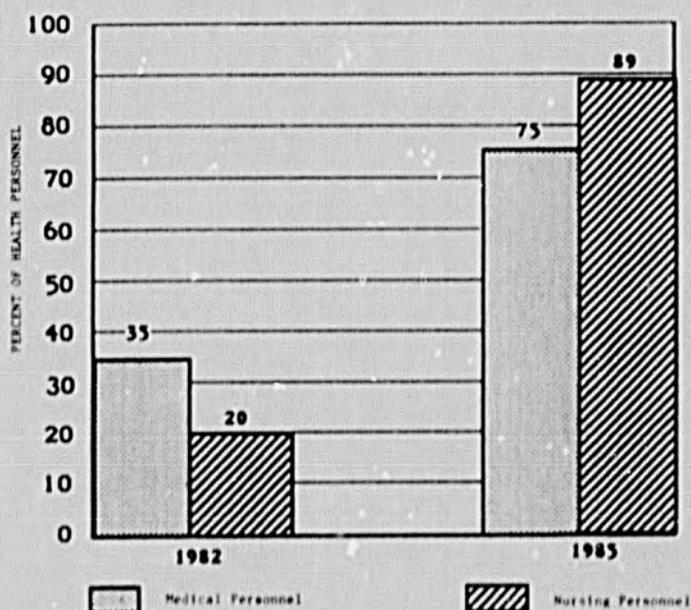
Almost 77 percent of the respondents received some formal training in breastfeeding from the PROALMA project. Eighty-eight percent of all nurses and 57 percent of doctors received some training either through courses, colloquiums or seminars.

The survey revealed that more nurses and other health personnel, 88 percent, attended at least one of the courses, colloquiums or seminars sponsored by PROALMA, than doctors, 57 percent.

3.3.2 Postpartum Period

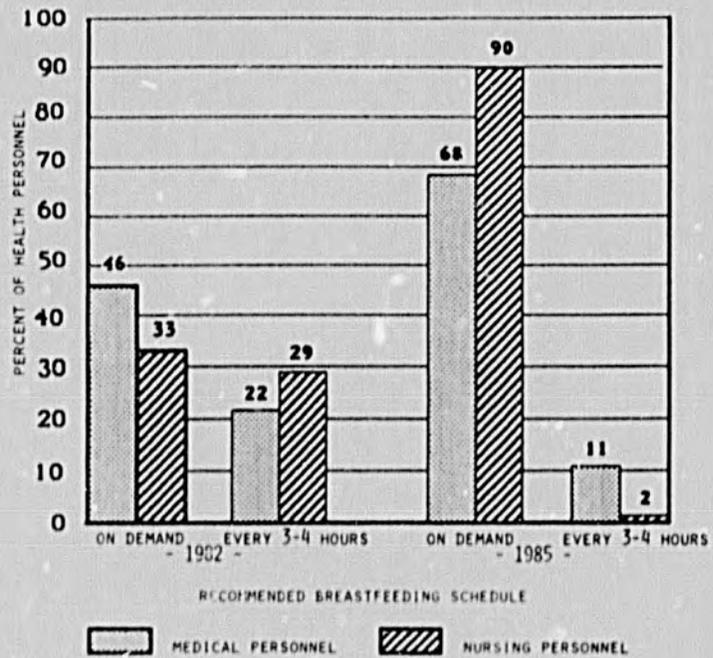
An increase is seen in Figure No. 1 in the percentage of health personnel who recommend the initiation of breastfeeding immediately following birth: 75 percent of doctors and 89 percent of nurses and other personnel compared with the previous figures of 35 percent and 20 percent respectively.

FIGURE #1:
PERCENTAGE OF
HEALTH PERSONNEL
WHO RECOMMEND
INITIATING
BREASTFEEDING
AT BIRTH



As seen in Figure No. 2, more health personnel currently recommend breastfeeding on demand and fewer recommend it according to a set routine of every three to four hours. While only 46 percent of doctors and 33 percent of nurses and other health personnel previously recommended breastfeeding on demand, the current figures show 68 percent and 90 percent respectively do so.

FIGURE 12:
PERCENTAGE OF
HEALTH PERSONNEL
WHO RECOMMEND
DIFFERENT
BREASTFEEDING
SCHEDULES



3.3.3 Formula Introduction

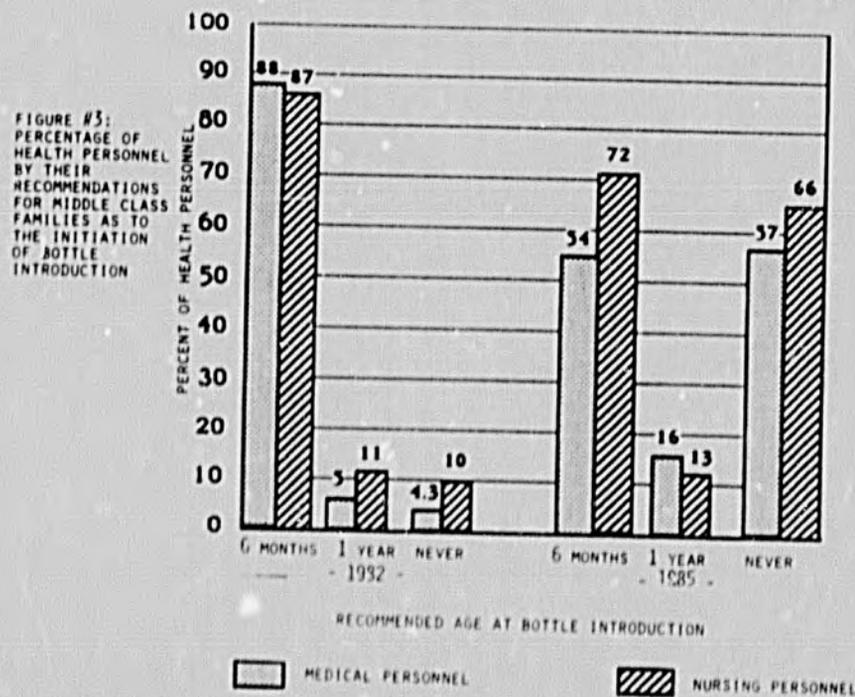
In an attempt to determine the impact economic class has on the advice given by health professionals regarding the introduction of artificial milk and the preferred age for weaning, two separate questions were asked, one related to middle class families and the other to families of scarce resources.

Mean Age in Months at Weaning by Class Recommended by Health Personnel

	<u>1983</u>		<u>1985</u>	
	<u>Doctors</u>	<u>Nurses and Others</u>	<u>Doctors</u>	<u>Nurses and Others</u>
Middle Income Families	4.8	5.4	7.1	6.9
Low Income Families	7.0	7.8	11.3	9.1

As seen in the above table, the mean age recommended for bottle introduction rose over the previous mean age for

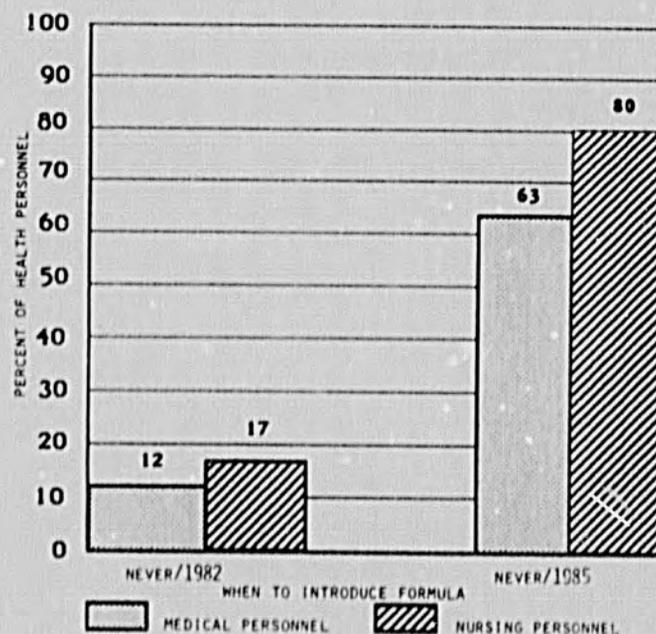
both middle class and low income families. Previously, the mean age recommended by doctors for middle class families was 4.8 months and by nurses and other personnel, 5.4 months, compared with the current figures of 7.1 months and 6.9 months respectively. For low income families the previous recommended mean ages for doctors and nurses were 7 months and 7.8 months respectively, compared with the current figures of 11.3 months and 9.1 months. Some difference exists by class, with bottle introduction generally recommended later on for low income families. The greatest change is seen for both classes in the recommendation of the later introduction of bottles, particularly on the part of doctors.



As shown in Figure No. 3, a decrease was seen in the number of health personnel recommending the introduction of bottles at six months of age; among doctors from a previous 88 percent to a current 54 percent and among

nurses and other personnel from 87 percent to 62 percent. A slight increase was seen in those recommending bottle introduction at one year of age, among doctors from 27 percent to 30 percent and among nurses and others from 36 percent to 41 percent. Previously, only 4.3 percent and 10 percent of doctors and nurses respectively said bottles should never be introduced in middle class families compared with the current figures of 57 percent and 66 percent respectively. This same recommendation for low income families was 12 percent and 17 percent previously, compared with the current figures of 63 percent and 80 percent respectively for doctors and nurses, as shown in Figure No. 4.

FIGURE #4:
INTRODUCTION
OF FORMULA IN
LOW-INCOME
FAMILIES
FOLLOWING
RECOMMENDATIONS
OF HEALTH
PERSONNEL

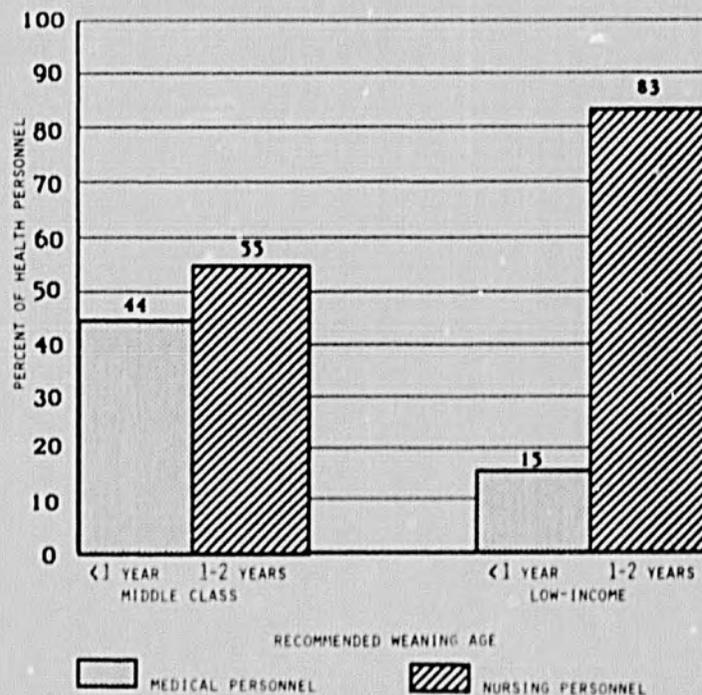


While class difference is significant, the overall trend shows more health personnel generally recommending the introduction of bottles at a later age. These results show a significant change in attitude in the acceptance of breastfeeding as best for children of all income levels.

3.3.4 Weaning

The mean age recommended for weaning rose for middle class families from 9.5 months previously to a current 11.3 months, and for low income families it rose from 13 months to 15.6 months. Weaning is generally recommended at a later age than was previously seen, as shown in Figure No. 5, but 44 percent of health personnel still recommend weaning before one year of age for middle class families.

FIGURE #5:
PERCENTAGE OF
HEALTH PERSONNEL
WHO RECOMMEND
WEANING BY
INCOME LEVEL
IN 1985

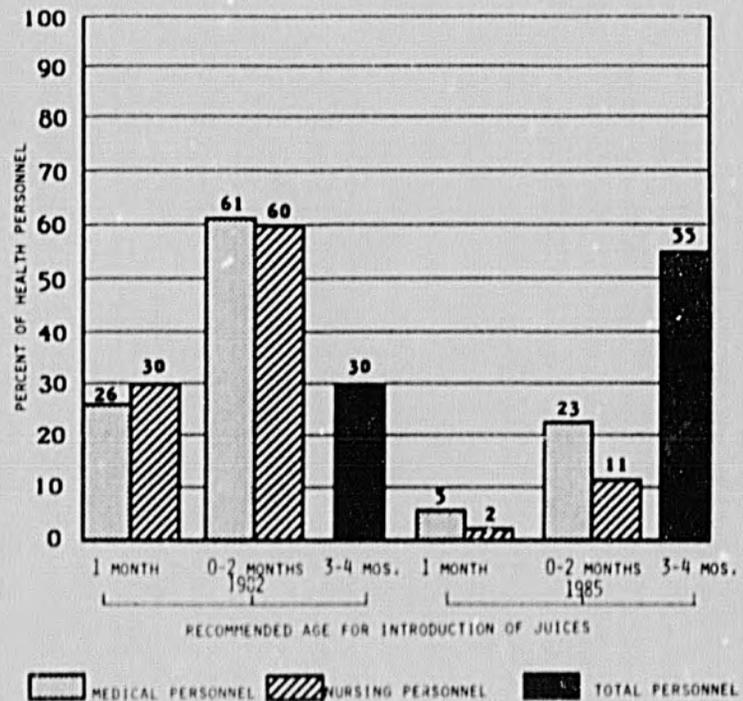


3.3.5 Introduction of Other Supplements

The recommended age for the introduction of other supplements rose over the baseline data. The mean age recommended for the introduction of juices in the infant

diet rose from 2.6 months to 4.2 months. Previously, the mode was between one and two months compared with the current mode of three to four months. The recommendation for the prolonged introduction of juices in the infant diet is shown in Figure No. 6.

FIGURE #6:
PERCENTAGE OF
HEALTH PERSONNEL
BY THEIR
RECOMMENDATION
FOR AGE AT
WHICH JUICES
SHOULD BE
INTRODUCED



The introduction of semisolid and solid foods were also recommended at a later age than previously, as is shown below.

MEAN AGE IN MONTHS RECOMMENDED FOR THE INTRODUCTION OF
SOLID AND SEMISOLID SUPPLEMENTS

	<u>1983</u>	<u>1985</u>
Semisolids	4.0	5.0
Solids	7.7	8.8

3.3.6 Management of Breastfeeding

An improvement in the knowledge of breastfeeding management is demonstrated by the decrease in the percentage of health personnel who think that bottles help a child learn to suck. Previously, 15 percent of doctors and 37 percent of nurses and other personnel stated this was true compared to the current percentages of nine percent and 1.5 percent respectively. Eighty nine percent of all personnel know that when introducing supplemental foods into the infant diet the breast should be offered first, followed by other foods.

Confusion still exists as to whether a breastfeeding mother needs to use some form of contraception to prevent pregnancy before she begins to menstruate. Previously, 50 percent of all health personnel stated it was unnecessary. The current data shows a roughly equal percentage with this same opinion, 55 percent. While some women may not ovulate before their first menstruation after giving birth, advice on an individual level should lean on the side of caution recommending the use of an IUD or a barrier method of contraception for a breastfeeding mother.

3.3.7 Bonding

An increase in the awareness of health personnel is demonstrated by the increased percentage who believe that a mother's touch is important to premature babies; previous figures for doctors and nurses being 57 percent and 66 percent respectively, compared with the current data of 77 percent and 84 percent respectively. Little awareness of the importance of bonding was shown in the initial data, but current figures demonstrate an improved awareness among all health personnel. Previously, 69 percent of doctors and 28 percent of nurses felt that the separation of mother and infant for a few hours after birth interfered with bonding. The current figures for doctors and nurses respectively are 72 percent and 82 percent.

3.3.8 Breastfeeding Problems

An increased percentage of health personnel said they agree that it is not an appropriate response to give a bottle when a child rejects the breast; 89 percent of doctors compared with the previous figure of 74 percent, and 88 percent of nurses and other health personnel compared with 66 percent previously. While this data reflects an improvement in theoretical knowledge, it does not reflect actual practice.

There is still evidence which suggests that weaning is often the first recommendation by health personnel in response to breastfeeding problems or illness. For a malnourished mother with a two month old child, only 6

percent of doctors and 3 percent of nurses and other personnel recommended the introduction of artificial milk. Previously, 28 percent of nurses recommended the introduction of artificial milk.

3.3.9 Advantages of Breastmilk

Ninety to ninety-four percent of all health personnel agreed with each of the statements that breastmilk is the best milk for an infant, that it is important to give colostrum to newborns, that breastmilk provides antibodies and that women feel happy and more like mothers when breastfeeding.

The above data indicates an improved level of knowledge of childhood nutrition and postpartum care regarding the promotion of bonding and breastfeeding practices. Although knowledge has improved, the experience of PROALMA personnel shows that most health personnel still lack practice in dealing with lactating women.

When asked how a malnourished mother should feed a healthy two month old infant, 45 percent of all personnel responded with breastmilk and five percent with artificial milk. This is an improvement over the previous figure of 28 percent of nurses who recommended the introduction of artificial milk. These results indicate that fewer health personnel think weaning is an appropriate response to a woman's malnutrition, but they do not indicate if health personnel are focusing more on the cost saving aspect of breastfeeding and thereby encouraging the mother to nourish herself better.

3.3.10 Illnesses and Medications

The following is a list of 11 illnesses and the corresponding percentages of respondents who indicated that lactation was contraindicated for each one. Also shown are the percentages from the baseline data for purposes of comparison.

<u>ILLNESS</u>	<u>PERCENT RESPONDENTS INDICATING LACTATION CONTRAINDICATED</u>			
	<u>Current Data</u>		<u>Baseline Data</u>	
	<u>Doctors</u>	<u>Nurses/Others</u>	<u>Doctors</u>	<u>Nurses/Others</u>
Malnutrition of mother	11	8.5	26	34
Mammary abcess	62	37	80	70
Tuberculosis-non-contag.	23	16	25	34
Tuberculosis-contagious	-	-	92	78
Syphilis	23	18	45	55
Diarrhea	2	3	6	16
Mastitis-initial symptoms	32	16	56	58
Hepatitis	58	46	82	86
Typhoid	48	39	63	71
Transmissible Diseases	53	45	77	80
Diabetes	5	10	9	19
Fever-unknown origin	17	6	24	29

The above results indicate an increase in knowledge on morbidity contraindications for lactation. The greatest change is seen in percentages relating to nurses and other health personnel. None of the illnesses listed are contraindications to lactation. The greatest improvement is seen on the part of nursing personnel and others where all percentages for various illnesses dropped below one half for those

indicating lactation is contraindicated. But some misinformation still exists regarding most transmissible diseases where although the percent of health personnel believing lactation to be contraindicated dropped, 53 percent of doctors and 45 percent of nurses and others still believe transmissible diseases as a group contraindicate lactation, and for hepatitis, 58 percent and 46 percent respectively believe the same.

Due to the rather long incubation period of hepatitis and most other transmissible diseases, by the time positive diagnosis is made exposure has occurred and any further risk of exposure is outweighed by the beneficial effects of antibodies in the breastmilk.

The low percentage of respondents indicating that lactation is contraindicated with diarrhea is encouraging given that diarrhea is still the primary cause of morbidity and mortality in children under five years of age. When asked if a mother should continue breastfeeding when her child has diarrhea, 94 percent answered positively, an increase over the previous 80 percent. These results may reflect the efforts on the part of the Ministry of Health to encourage continued breastfeeding while implementing oral rehydration therapy for children with diarrhea. While the above results reflect a positive trend in knowledge, experience indicates that doctors, particularly, frequently recommend weaning in response to maternal or infant illness.

Listed below are eight medications and the corresponding percentages of doctors and nurses and

other health personnel who indicated they are contraindicated during lactation. Also listed is the baseline data for purposes of comparison.

<u>MEDICATION</u>	<u>PERCENT RESPONDENTS INDICATING CONTRAINDICATIONS</u>			
	<u>FOR LACTATION</u>			
	<u>Current Data</u>		<u>Baseline Data</u>	
	<u>Doctors</u>	<u>Nurses/Others</u>	<u>Doctors</u>	<u>Nurses/Others</u>
Penicilin	4	8	9	31
Analgesics	4	2	4	5
Chloramphenicol*	62	64	72	62
Aralen	31	29	41	61
Tetracycline*	81	56	81	40
Norlestrin (oral contraceptives)*	49	57	39	48
Iron	2	4	1	5
Tranquilizers	46	37	24	50

*Those medications contraindicated for lactation.

Contrary to most illnesses where more caution is taken than necessary regarding lactation, some potentially dangerous medications which should not be taken by women while breastfeeding are not considered by many health personnel to be contraindicated.

Very few changes are seen in the percentages of health personnel who indicate contraindications for lactation. Most health personnel know that chloramphenicol and tetracycline are contraindicated, yet significant percentages of personnel, particularly

nurses, are not clear on this still. The proper use of tranquilizers by lactating mothers appears to cause some confusion. Forty nine percent of doctors and nurses consider them to be acceptable during lactation.

The contraindications of oral contraceptives for lactating women are not clear among the sample population. Norlestrin is the only pill considered safe for use by lactating women, but since its distribution is minimal in Honduras, the general advice is that all oral contraceptives not be used by lactating women. The results may reflect this confusion; some personnel responding to the general use of oral contraceptives, and others responding to the particular use of Norlestrin. While a slight increase in knowledge is seen, the data suggests that much uncertainty still exists as to the proper use of oral contraceptives.

Among those medications not contraindicated for lactating women, only penicilin and Aralen show significant decreases in the percentage of personnel who would prescribe them for lactating women. Among all personnel, 30 percent incorrectly consider Aralen to be contraindicated for lactating women. The overall results indicate that more attention should be given to educating all health personnel on the proper use of medications by lactating women.

3.3.11 Anatomy and Physiology

Of the seven questions asked of all respondents on anatomy and physiology of the breast, doctors as a

group answered only two correctly and nurses answered only one correctly. A general lack of knowledge exists on the part of all health personnel of the anatomy of the breast and the physiology of lactation. While some changes have occurred in the nursing and medical school curricula in including this material, the lack of practical orientation until recently and the continued lack of experience by most health personnel in dealing with lactating mothers, has not forced health personnel to improve their knowledge in this area.

3.4 Conclusions

The above results indicate that substantial changes have taken place over the last two years in improving general knowledge and attitudes towards breastfeeding and in creating a greater awareness among all health personnel of the importance of breastfeeding promotion. While knowledge and attitudes have changed, practices are slower to do so. Until institutional norms on breastfeeding promotion are enforced, some practices will be hard to change.

4.2 SURVEY OF POSTPARTUM MOTHERS

4.1 OBJECTIVE

The objectives of this survey were to evaluate prenatal, birthing and postpartum care particularly related to the promotion of breastfeeding, to verify the description of hospital routines derived from observations and informal interviews, and to evaluate infant feeding practices.

4.2 METHODOLOGY

This survey was conducted on the postpartum wards of the three hospital project sites: the two Social Security hospitals and the Maternal Child Hospital. Women in their postpartum stay were interviewed over a period of one week. Since the normal postpartum stay is 24 hours, a different sample was achieved each day. The sample objective was to interview as many postpartum women as possible each day to achieve a time sample during one week in each institution. On some days 100 percent of the women were interviewed, and on others only about 60 percent were covered. The sample included women with normal births and cesarean sections, women whose infants had died at birth and women with premature infants or those admitted to the hospital at birth due to complications. The interviews were conducted by the PROALMA staff, each one rotating sites to prevent possible bias created by working in their own institutions. Their normal uniform was not worn so as not to identify them directly with the program.

The precoded instrument used consisted of 46 questions, all of which were implemented with each mother. A final sample of 166 interviews was obtained.

4.3 RESULTS

The results of this survey are presented in nine subject areas: demographic characteristics of the sample populations, prenatal care, labor, birthing, postpartum period, infant feeding in the hospital, education and advice on infant feeding, mothers' plans for infant feeding, and family planning. Data comparisons are made with the baseline data. A summary is also presented of the labor, birthing and

postpartum findings of the Impact Evaluation on Hospital Institutions. A full report of this evaluation can be found in Reference 4.

4.3.1 Demographic Characteristics of the Sample Population

The sample population obtained consists of 166 postpartum women. Listed below is the division by hospital of this population.

<u>INSTITUTION</u>	<u>No. POSTPARTUM WOMEN INTERVIEWED</u>
Maternal Child Hospital - Teg.	83
Social Security Institute - Teg.	37
Social Security Institute - SPS	<u>46</u>
TOTAL	166

The mean age of mothers interviewed was 25.8, ranging from 15 to 44 years of age. The mean number of years of schooling received is 7.7, and on the average each woman has 2.7 live children. Thirteen percent of the women have lost at least one child. Of the 47 percent of mothers who plan to work within the next six months, only 6 percent plan to take their child with them. Of those who may work in the next year, 89 percent will continue to breastfeed, 43 percent of these say they will breastfeed, bottle feed, and give other liquids in their absence.

4.3.2 Prenatal Care

In the hospital based survey of 166 postpartum mothers, 80 percent were found to have received

prenatal care. But of these women, 70 percent reported having received no specific advice on infant feeding or preparation for the birth. Yet, this represents an improvement over the previous figure of less than one percent who received advice on infant feeding.

4.3.3 Labor

Labor practices have changed in all of the hospital sites. Previously, complete perineal preparations were performed on all women before birth. The current practice involves partial perineal preparations in all hospitals. In the Social Security hospital in Tegucigalpa women are no longer routinely examined every hour and in San Pedro Sula there is no longer any restriction on the activity of women in labor. The Maternal Child Hospital has a new waiting room for women in labor before they are admitted to the hospital. This room is a direct result of PROALMA's efforts in this hospital. When women are admitted to the delivery area, the routine exam now includes a breast exam where their nipples are checked for potential problems in breastfeeding.

4.3.4 Birth

The evaluation of hospital practices show a number of changes in the birthing procedure at the Maternal Child Hospital. The admission nursery was moved from the fifth floor to the fourth floor in close proximity to the delivery room. Previously, infants were carried after birth up to the fifth floor,

bathed, examined, given glucose water and approximately six hours later were brought to their mothers. All infants are now bathed and examined in the new admission nursery and unless there is a medical reason to keep the child under observation they are given to their mother before she leaves the delivery area, put to the breast and mother and child are taken together to the postpartum ward.

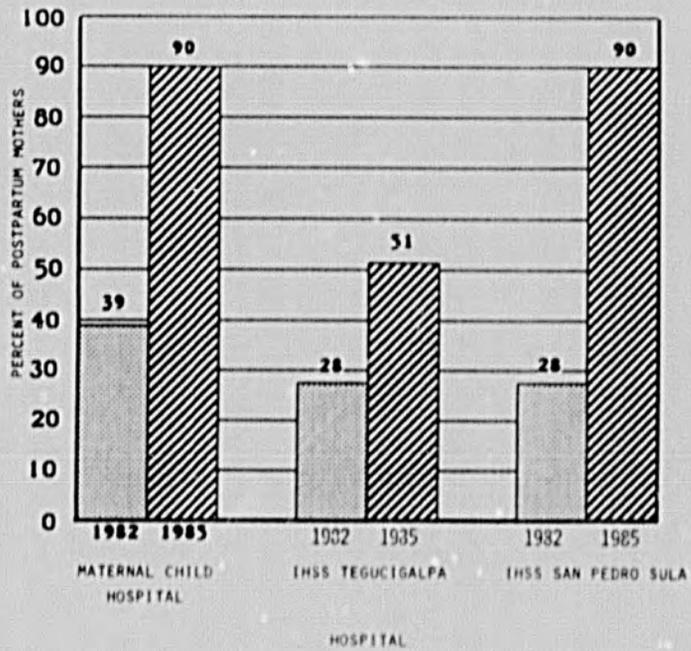
The average rate of cesarean sections reported in an impact evaluation (see Reference 4), in this hospital from 1980 to 1984 was 8.8 percent of all live births. This is roughly equal to the rate shown by the survey findings in this hospital of 5 percent of total births. In the Social Security hospitals in Tegucigalpa and San Pedro Sula the cesarean section rates reported in this evaluation were 11 percent and 8.5 percent respectively of all births. This compares with the rates from the survey data of 12 percent and 16 percent respectively. Methergine, a drug routinely given to women immediately following delivery to promote uterine contractions, is no longer given routinely in the Maternal Child Hospital. During the last six months of 1984, its use decreased by 20 percent.

4.3.5 Postpartum Period

An improvement is seen in hospital practices promoting mother-child bonding. Half of all mothers reported they touched their child within one hour of birth. Previously, only seven percent of all mothers had touched their child in the delivery room and 23

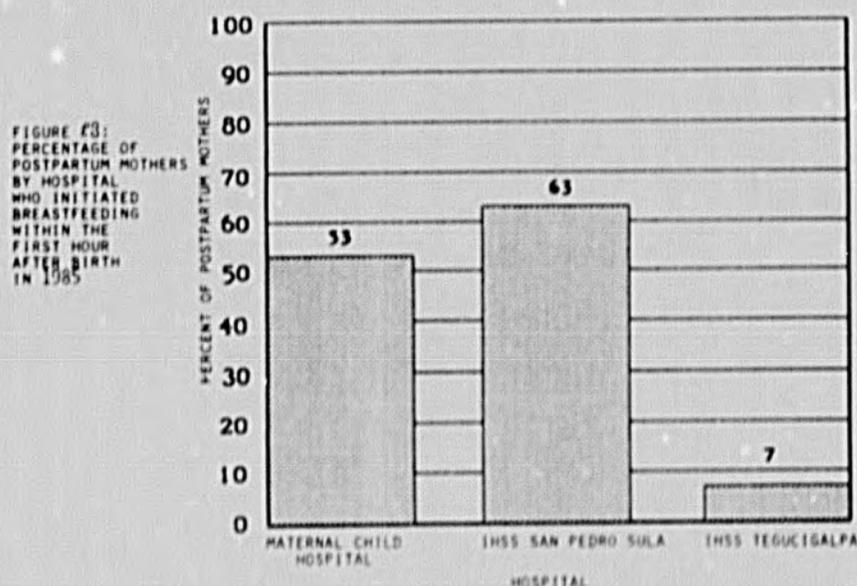
percent had not touched their child at the time of the interview. A decrease is seen in the mean number of hours between birth and when the mother first touches her infant from a previous 6.8 hours to a current 4.5 hours.

FIGURE 7:
PERCENTAGE OF
POSTPARTUM
MOTHERS BY
HOSPITAL
FOUND WITH THEIR
NEWBORN AT THE
TIME OF THE
INTERVIEW



As shown above in Figure No. 7, an increase is seen in the number of mothers who had their infants in bed with them at the time of the interview; 90 percent both in the Maternal Child Hospital and in San Pedro Sula compared with the previous figures of 39 percent and 28 percent respectively. In the Social Security hospital in Tegucigalpa the percentage increased from

28 to 51, with 22 percent of the infants in the newborn nursery at the time of the interview. This was the highest percentage of all the hospitals. More obstacles to change were generally found in this hospital with a lower percentage of mothers touching their child within the first hour of birth, 16 percent compared with 64 percent in San Pedro Sula and 65 percent in the Maternal Child Hospital.



Also as shown in Figure No. 8, a lower percentage of women initiated breastfeeding within the first hour in this hospital, only seven percent compared with 63 percent in San Pedro Sula and 53 percent in the Maternal Child Hospital. There is no obvious explanation for this difference except that the PROALMA staff have reported more obstacles in this hospital in terms of particular hospital personnel in the newborn nursery and on the postpartum ward who do not show much support for PROALMA's efforts.

Another change seen on the postpartum ward is the absence of bottles. In each hospital the PROALMA staff work on the postpartum ward everyday, instructing and advising postpartum women to breastfeed. The decreased use of bottles and the decrease in the amount of time infants spend in the newborn nursery has relieved hospital staff of much work in caring for newborns, which now rests with the mother, and gives them more time for direct patient care.

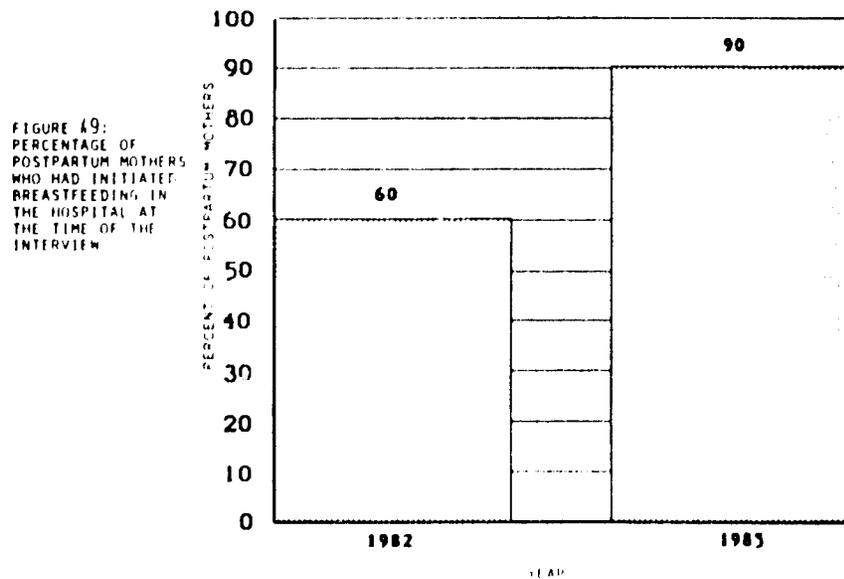
One unexpected change caused by the project is a large savings in the decreased purchase of infant formula, baby bottles, glucose solution and methergine. As shown below, it is estimated that since 1983, the Maternal Child Hospital has saved over L 41,000 and the two Social Security hospitals together have saved over L 70,000. This is a substantial savings which could be increased even more through the continued promotion of breastfeeding practices and the implementation of norms regulating these practices.

HOSPITAL SAVINGS FROM THE DECREASED PURCHASE OF MATERIALS
RELATED TO MATERNAL-CHILD CARE DURING THE IMPLEMENTATION
OF PROALMA, 1983 AND 1984

<u>Item</u>	<u>Maternal Child Hospital</u>	<u>IHSS Tegucigalpa and SPS</u>
Infant Formula	L 13,062	L 70,623
Baby Bottles	15,020	---
Methergine	1,972	---
Whole Milk	<u>11,078</u>	<u> </u>
Total	L 41,132	L 70,623

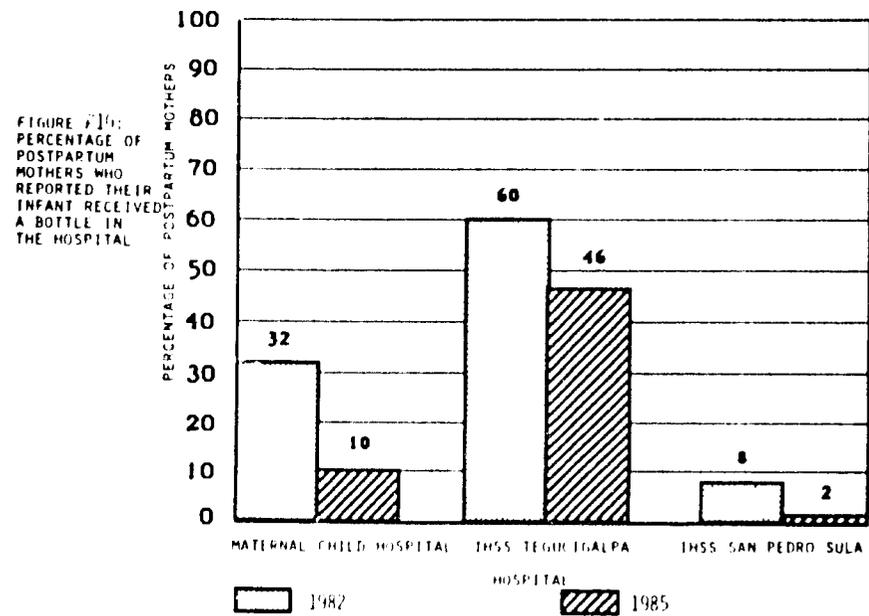
4.3.6 Infant Feeding in the Hospital

As seen below in Figure No. 9, an increase is seen in the number of women initiating breastfeeding in the hospital, 90 percent compared with a previous 60 percent. Forty-six percent of these women first breastfed in the delivery room or within one hour of giving birth. Previously, 50 percent first breastfed more than 12 hours after birth.



Although bottles are no longer routinely seen on the postpartum wards and most women now initiate breastfeeding in the hospital, Figure No. 10 shows that 10 percent of the women interviewed at the Maternal Child Hospital said their infants were given bottles in the hospital; 2 percent said the same in San Pedro Sula and 46 percent said the same in the Social Security hospital in Tegucigalpa. This represents a decrease from the previous data of 32

percent, 8 percent and 60 percent respectively. Higher percentages are again seen for the Social Security hospital in Tegucigalpa where only five percent of the women said their infants were not given bottles and 49 percent did not know if bottles were given. Without the implementation of institutional norms regulating postpartum care, the current trend away from bottle feeding can be reversed.



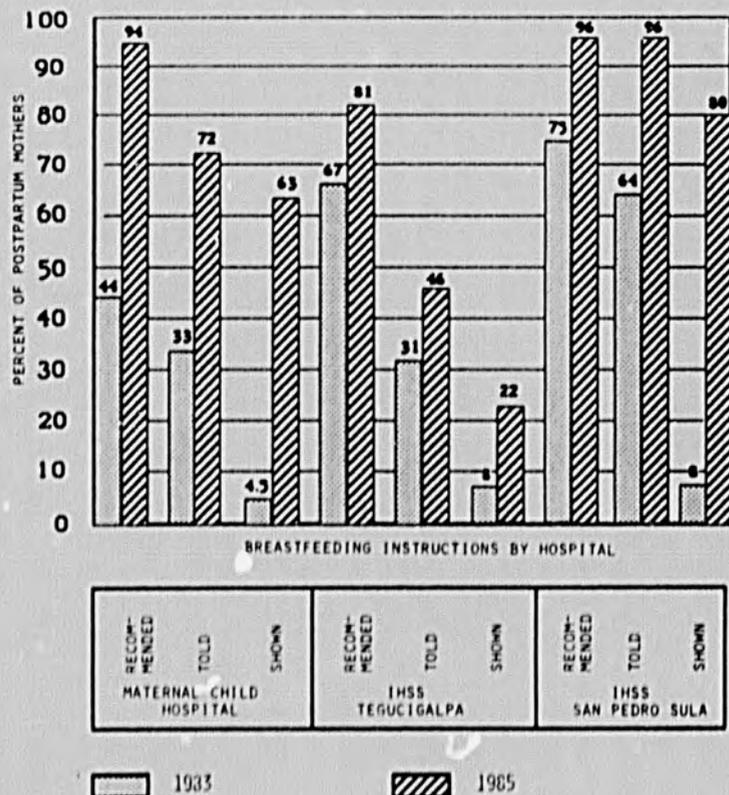
4.3.7 Education and Advice on Infant Feeding

Fewer mothers than previously, reported that health personnel recommended bottle feeding, six percent compared with a previous 22 percent. A decrease is also seen in the number of mothers who said health personnel recommend breastfeeding for six months or less, 18 percent compared with a previous 58 percent.

More mothers reported receiving advice in the hospital to breastfeed than previously was the case; 94 percent in the Maternal Child Hospital, 96 percent in San Pedro Sula and 81 percent in the Social Security hospital in Tegucigalpa compared with the previous figures of 44 percent, 75 percent and 67 percent respectively. Not one woman interviewed said she was shown in the hospital how to prepare a bottle.

As seen in Figure No. 11, an increased percentage of postpartum mothers were told how to breastfeed and actually shown how to breastfeed than previously was the case. Yet, fewer women in each hospital were instructed on how to breastfeed and shown how to breastfeed than those recommended to breastfeed. While all percentages increased over the previous data, fewer women still are shown how to breastfeed than told to do so.

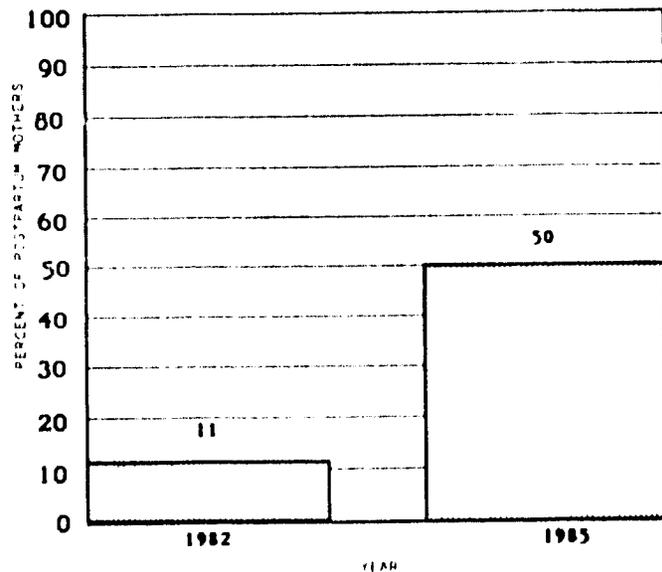
FIGURE #11:
PERCENTAGE OF
POSTPARTUM
MOTHERS WHO
RECEIVED
DIFFERENT
INSTRUCTIONS ON
BREASTFEEDING
FROM HEALTH
PERSONNEL



4.3.8 Mothers' Plans for Infant Feeding

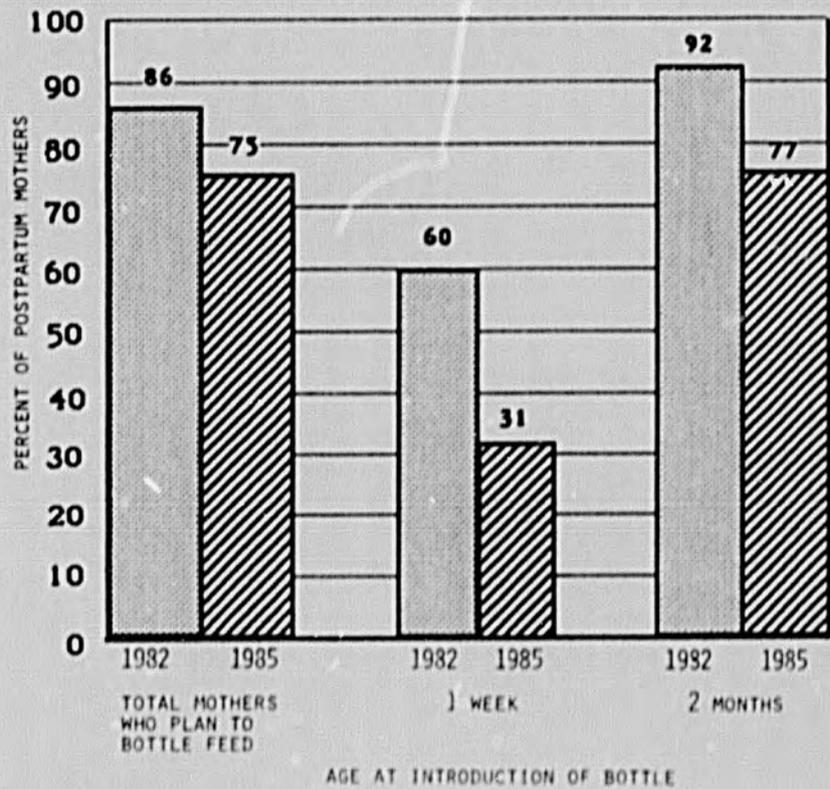
All mothers interviewed said they plan to breastfeed. The mean number of months they plan to breastfeed increased from 8.4 previously to 9.2 currently. As shown in Figure No. 12, 50 percent of the women said they would wean their child when the child wants to, previously this figure was 11 percent. The percentage of mothers who plan to wean at six months decreased from 23 percent previously to a current 18 percent. The reasons currently given for weaning represent real problems women often face in breastfeeding such as when the child gets sick, when the mother works or when she considers the child to be too old to breastfeed. Previously, other reasons were cited indicating some misconceptions as to when weaning should take place such as a lack of milk, that breastmilk is no longer good after a certain time and that a doctor or nurse recommended weaning.

FIGURE #12:
PERCENTAGE OF
POSTPARTUM MOTHERS
WHO PLAN TO
BREASTFEED AS LONG
AS CHILD WANTS



When asked what their plans were for infant feeding, 75 percent of the mothers said they would bottle feed. Previously, as shown in Figure No. 13, 86 percent of the mothers planned to bottle feed.

FIGURE #13:
PERCENTAGE OF
POSTPARTUM MOTHERS
WHO PLAN TO BOTTLE
FEED THEIR INFANTS



A decrease is seen in the number of mothers who plan to begin bottle feeding in the first week of their infant's life, 31 percent currently from a previous 60

percent. The present data shows that 53 percent of the women plan to begin bottle feeding in the first month and 77 percent in the second month.

Previously, 92 percent planned to begin bottle feeding in the second month.

Previously, all but two of the mothers who planned to give bottles to their child, said they would give infant formula, compared with a current 65 percent of these mothers who plan to give infant formula. An increase is seen in the number of mothers who plan to give breastmilk in a bottle, 18 percent currently compared with zero previously. While this does not represent many women who will give breastmilk in a bottle, it is an improvement over the previous data where no one thought to do so.

FIGURE NO. 14: PERCENTAGE OF POSTPARTUM MOTHERS BY EXPECTED FEEDING PATTERN FOR THEIR CHILDREN AT 3 MONTHS OF AGE

FEEDING PATTERN AT 3 MONTHS OF AGE	1982	1985
Breast Only.....	41%	14%
Bottle Only.....	41%	0%
Breast and Bottle.....	0%	42%
Breast with Other Food.....	15%	42%
Bottle with Other Food.....	15%	2%
Breast, Bottle and Other Food.....	65%	42%

An increase is seen in Figure 14 in the percentage of mothers who plan to breastfeed only and give other food supplements to their child at three months of age; 42 percent compared with the previous 15 percent. A decrease is seen in the percentage of mothers planning to breastfeed, bottle feed and give other food supplements at three months of age, 42 percent compared with a previous 65 percent. Previously, 15 percent of mothers said they would only bottle feed their children at three months of age, whereas currently no one fell in this category. Fourteen percent of the mothers said they would exclusively breastfeed their child at three months of age; previously this figure was less than one percent. This data represents a trend away from bottle feeding and mixed feeding at three months of age, more women preferring to exclusively breastfeed or breastfeed while giving other foods.

4.3.9 Family Planning

Forty one percent of the mothers said they had not received any advice on which methods of contraception they should use while breastfeeding. Almost half of the women - 47 percent - were not well informed on contraception appropriate for breastfeeding, saying they planned to use oral contraceptives while breastfeeding - 4 percent, planned to exclusively breastfeed as contraception - 12 percent, or they did not know which method of contraception could be used while breastfeeding - 31 percent. These results show a lack of education on family planning and particularly on contraceptive methods recommended for lactating women.

4.4 Conclusions

Many changes have occurred in the hospital project sites in labor, birthing and postpartum practices and routines which encourage breastfeeding promotion. More women are initiating breastfeeding in the hospital immediately after birth, fewer infants receive infant formula in the hospital and mothers and infants spend more time together during their postpartum hospital stay.

While education and advice received by mothers during prenatal and postpartum care has improved in terms of breastfeeding promotion, many women still report receiving little or no prenatal or postpartum advice. Continued emphasis is needed on the education of health personnel in order that they in turn can better advise mothers on proper prenatal and postpartum care and infant feeding practices. Breastfeeding norms must be implemented nationally in order that changes in hospital practices become institutionalized and routine.

5. SURVEY OF INFANT FEEDING PRACTICES

5.1. OBJECTIVE

The objective of this survey was to measure the impact of PROALMA's activities on infant feeding practices in the urban low income neighborhoods of Tegucigalpa.

5.2 METHODOLOGY

A community based survey was designed to evaluate mothers'

knowledge and attitudes towards breastfeeding, infant feeding practices during the first year of life and children's health status. The unit of study was a low income mother with at least one child under one year of age or mothers whose children were born and had died within the past year.

A random sample of urban low income neighborhoods was used. The original sample used to collect the baseline data was cut in half due to time and resource limitations. The original 19 neighborhoods selected were used, but the sectors within each neighborhood were reselected. A random sample of sectors from all 19 neighborhoods was selected to achieve the desired number of houses needed to obtain a sample of 500 mothers with children under one year of age. The sample was randomly divided into four sub-samples, each one was surveyed separately to further randomize the total sample. In the 44 sectors selected, a 100 percent sample was used; each house was visited at least once. Interviews were carried out in those houses where there was either at least one child under one year of age or where a death had occurred in the last year of a child under one year of age.

In one month a sample of 536 mothers with children under one year of age plus seven cases of death were obtained. A total of 2,967 houses were visited, plus 264 houses which were found vacant. (The final sample showed there to be one child under one year of age in every 5.5 houses, nearly equal to the estimation of 5.3 made from data obtained at the Census Department prior to the survey.)

The interviews were carried out by six interviewers and two supervisors who were hired and trained for one week in childhood nutrition, infant feeding, the major causes of

childhood morbidity and mortality and implementation of the survey instrument. Each interviewer was expected to conduct at least 70 interviews; all exceeded this number in the month of the survey. The precoded questionnaire consisted of 100 questions, nine of which were applied only when a death was encountered.

5.3 RESULTS

The results of this survey are presented in nine subject areas: demographic characteristics of the sample population, breastfeeding and weaning, bottle feeding, feeding of other liquids and foods, summary of infant feeding practices, prenatal and postpartum care, other breastfeeding related issues, morbidity and mortality.

Comparisons are made with the baseline data, in reference primarily to those significant changes which have occurred. All percentages presented here of the current data are based on a total of 536, unless otherwise indicated.

5.3.1 Demographic Characteristics of the Sample Population

Listed below are some demographic characteristics of the sample population. These characteristics do not vary greatly from those of the sample population of the baseline data.

DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE POPULATION

<u>Characteristic</u>	<u>Percentage</u>	<u>Mean</u>	<u>Range</u>
Age		25 years	15 to 45
Employment			
Housewife	79%		
Work Outside Home	16%		
Business at Home	5%		
Years of Education		5 years	0 to 14
Live with Child's Father	74%		
Husband's Monthly Income		L. 347	
Receive Economic Support from Husband	80%		
# Live Children		3 children	
# Pregnancies		3.2 pregnancies	
Size of Household		4 people	
Native of an Urban Area	49%		
Native of Small Town	33%		
Native of a Rural Area	18%		
# Years Lived in Tegucigalpa		13 years	

On the average these mothers went back to work when their infants were two months old. Thirty percent of these women said their mother (the child's grandmother) takes care of their child while they work and 24 percent said they care for their child themselves. Only 17 percent said they bring their child to work with them and only 22 percent take the allotted free hour at noon to breastfeed.

Among the women of the sample population, 72 percent gave birth in the Maternal Child Hospital, 17 percent gave birth in the Social Security hospital and 7 percent gave birth at home with a midwife. The remaining four percent gave birth either in another hospital or at home without the aid of a

midwife. Of all the births, 84 percent were normal, eight percent involved cesarean sections and nine percent involved other problems.

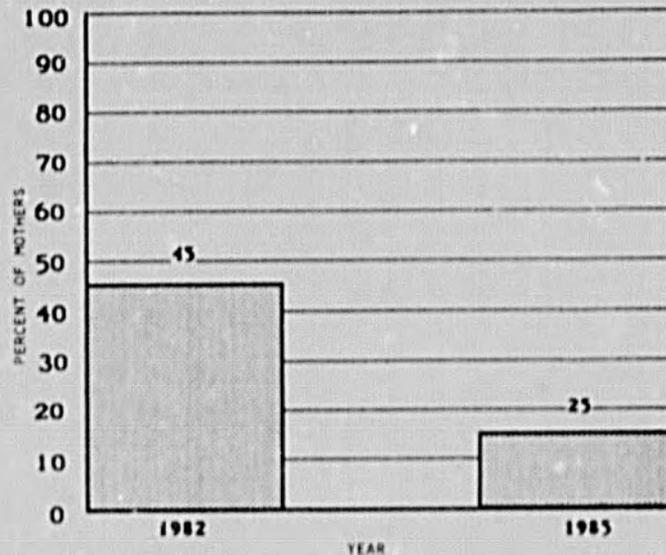
The following data pertain to household characteristics. The percentages do not vary greatly from the previous data.

<u>CHARACTERISTIC</u>	<u>PERCENT OF HOUSEHOLDS WITH THESE ITEMS</u>	
	<u>1985</u>	<u>1982</u>
Piped Water in House	55	40
Latrine or Toilet (private or collective)	89	78
Electricity	90	81
Radio	76	73
Refrigerator	14	16
Television	43	38
Range or Stove	59	66
Hearth	52	47

5.3.2 Breastfeeding and Weaning

Ninety seven percent of the women were found to initiate breastfeeding. Of those women no longer breastfeeding at the time of the interview, 66 percent had weaned their child by three months of age and 87 percent had weaned by six months of age. Of those mothers who were no longer breastfeeding, the average weaning age was at 3.3 months, compared with a previous average age of 2 months.

FIGURE #15:
PERCENTAGE OF
MOTHERS WHO HAD
ALREADY WEANED
THEIR CHILD LESS
THAN ONE YEAR OF
AGE AT THE TIME
OF THE INTERVIEW



As shown in Figure No. 15, at the time of the interview, more women than previously measured were still breastfeeding; 25 percent had already weaned, compared with a previous 45 percent of mothers who had already weaned. Among those women still breastfeeding, the mean number of months at which they planned to wean was 13.8, compared with the previous figure of 10.4 months. The average number of months the women reported having breastfed their previous child was 11.6, compared with a previous average of 9.6 months. The median increased for this variable from between six and seven months previously, to 11 months currently.

The above data represent a slight prolonging of the expected and actual weaning age. While plans to breastfeed exceed actual breastfeeding practices, more women are breastfeeding for longer periods of time.

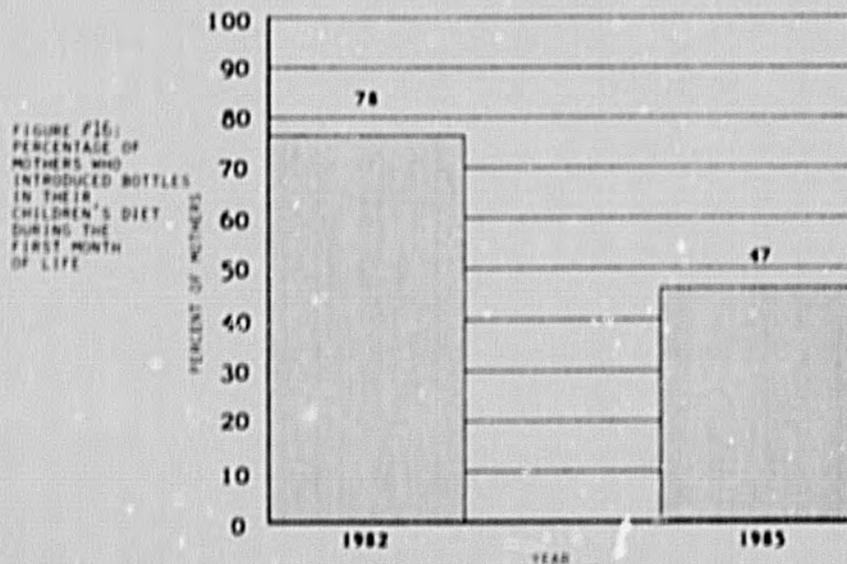
Listed below are the percentages of mothers who had already weaned their child under one year of age at the time of the interview by the reason given for weaning. Little difference is seen from the baseline data.

PERCENTAGE OF MOTHERS WHO HAD ALREADY WEANED THEIR CHILD
UNDER ONE YEAR OF AGE AT THE TIME OF THE INTERVIEW
BY REASON FOR WEANING

<u>Reason</u>	<u>1982</u>	<u>1985</u>
Because the child rejects the breast	30	28
Because the mother does not produce enough milk	31	25
Because the mother works	8	11
Because the mother is sick	13	9
Because of pregnancy	4	2

5.3.3 Bottle Feeding

Figure No. 16 shows a decrease in the number of women who introduce bottles in the first month of their child's life; 78 percent previously compared with a current 47 percent.



The mean age at the introduction of the first bottle increased from a previous 13.8 days to a current 16.9 days. Thirty eight percent of the women said they have never given a bottle to their child. Of those mothers who do not bottle feed their children, 98 percent do so on a daily basis. While fewer mothers regularly give bottles on a daily basis in the first year of life, once bottles are introduced into the diet, they are given regularly.

Only 10 percent of all mothers give infant formulas appropriate for babies.

5.3.4 Feeding Other Liquids and Foods

As seen in the table below, other liquids are introduced into the infant diet at an early age, sometimes by the first or second month of life.

PERCENTAGE OF CHILDREN BY AGE AT THE TIME OF THE INTERVIEW WHO RECEIVE OTHER LIQUIDS

L I Q U I D	<u>AGE OF THE CHILD IN MONTHS AT THE TIME OF THE INTERVIEW</u>											
	1	2	3	4	5	6	7	8	9	10	11	12
Water	35	55	73	81	92	81	96	86	84	93	97	93
Juice	9	17	52	55	56	76	84	71	84	81	70	79
Coffee	-	-	-	-	5	14	11	7	16	26	24	14
Soft drinks	-	2	4	7	5	19	22	19	23	55	42	36

Very few changes are seen in this data over the previous results. A slightly prolonged introduction

of other liquids into the infant diet is seen, particularly with soft drinks and coffee, the former being introduced on occasion to infants less than one month of age and the latter on occasion to infants three months of age. Juices are introduced with the greatest frequency among infants six to 12 months of age, previously they reached their peak popularity among infants four to five months of age.

The introduction of other foods in the infant diet generally occurs in children three to four months of age. As shown below, virtually all children seven months and older were eating other foods, in most cases eating what the rest of the family eats.

PERCENTAGE OF CHILDREN BY AGE AT THE TIME OF THE INTERVIEW WHO
RECEIVE OTHER FOOD SUPPLEMENTS

FOOD SUPPLEMENT	<u>AGE OF THE CHILD IN MONTHS AT THE TIME OF THE INTERVIEW</u>											
	1	2	3	4	5	6	7	8	9	10	11	12
Soup	4	5	31	50	56	71	98	88	88	95	88	100
Vegetables			23	36	39	61	84	83	84	91	79	93
Fruit	-	-	10	24	26	51	73	67	79	81	64	86
Rice	-		4	7	23	41	78	71	70	83	79	79
Purees	2	5	4	7	10	9	13	2	16	17	9	14
Meat	-	-	2	-	7	10	16	19	19	36	36	14
Beans	-	-	2	5	5	15	31	21	26	26	36	43
Tortillas	-	-	6	2	13	27	42	36	40	52	64	50
"Gerber"	-	-	6	14	18	14	13	14	16	7	12	14

5.3.5 Summary of Infant Feeding Practices

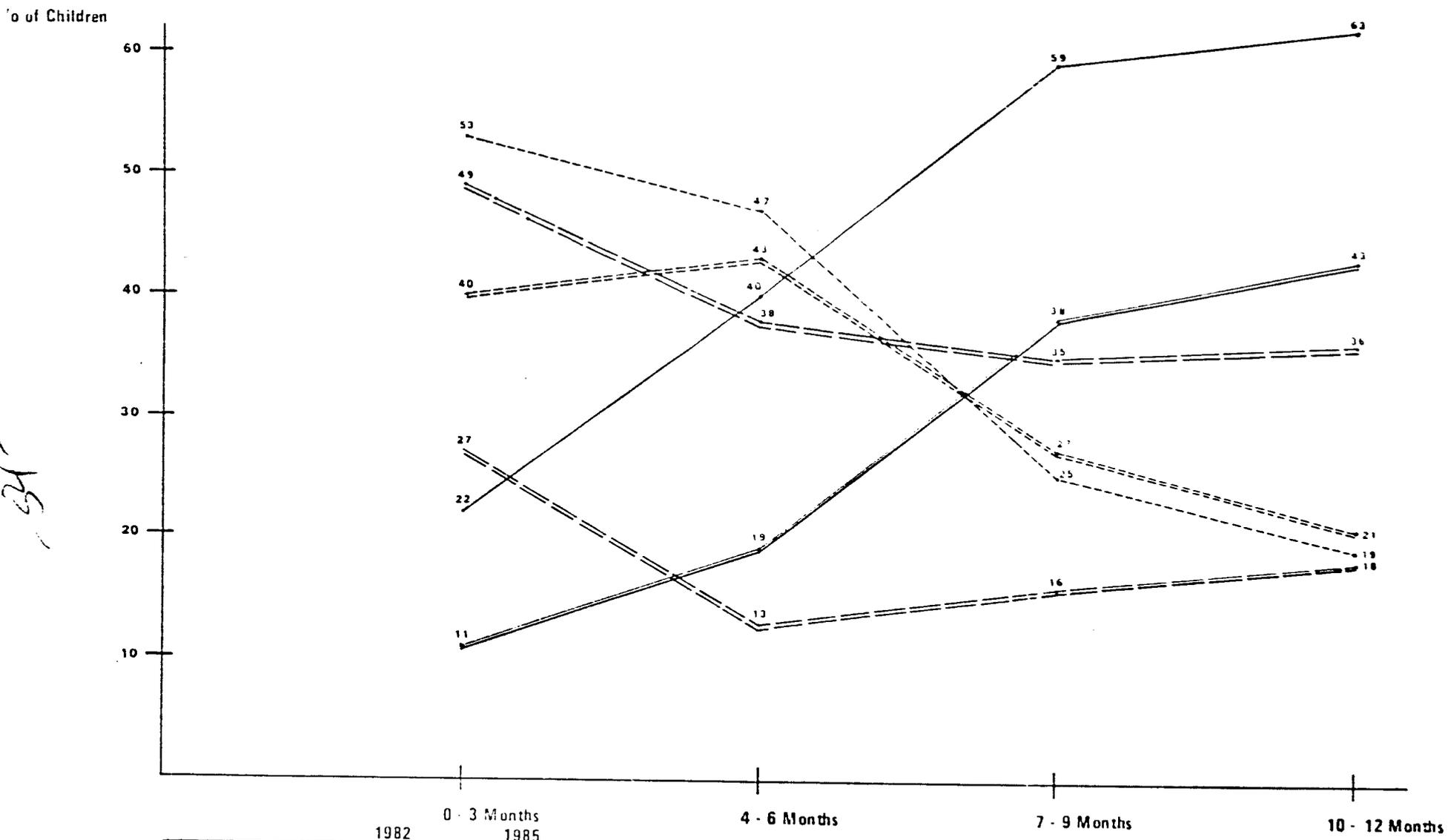
Based on each mother's recall of infant feeding practices in the previous 24 hours, 40 percent of the mothers exclusively breastfeed, 35 percent breastfeed and bottle feed - mixed, and 25 percent exclusively bottle feed. This represents a change over the previous data where fewer mothers now exclusively bottle feed, more exclusively breastfeed and a roughly equal percentage use mixed feeding.

As shown in Figure No. 17, mixed feeding was previously the predominant milk feeding pattern until six months of age. Now breastfeeding predominates for the sample population in the first three months, with percentages for mixed feeding slightly greater from three to six months and bottle feeding predominating from seven to twelve months. Although breastfeeding is not the predominant feeding pattern, except in the first three months and briefly from six to seven months, it holds a tight second place for all other ages. The baseline data shows that breastfeeding was the least popular feeding method for all age groups with the exception of the first two months when it was slightly more prevalent than bottle feeding.

Although more women now initiate breastfeeding and breastfeed for longer periods of time, little change is seen in the percentage of the target population which follow PROALMA's recommended feeding pattern of exclusive breastfeeding for at least four months, followed by the introduction of semisolid foods and other liquids with continued breastfeeding.

FIGURE NO. 17

Percent of Children by Milk Feeding Pattern and Age



	1982	1985
Breast Exclusively	-----	=====
Bottle Exclusively	=====	-----
Mixed	-----	=====

(Percentages of the previous data are averages of monthly percentages since total numbers were not available.)

Previously, less than 20 percent of the sample population followed this feeding pattern, compared with a current 24 percent who do. This indicates that general feeding patterns have not changed. But with more women receiving postpartum advice on breastfeeding and the continued education of all health personnel, more women are likely to breastfeed for longer periods of time, thereby decreasing the percentage of women who exclusively bottle feed and prolonging the introduction of other supplements into the infant diet. The change seen in the percentage of women who exclusively breastfeed is great. If the practices of the past two years continue in promoting breastfeeding within health care institutions, particularly in the public health care sector and in educating health personnel, then the percentage of the target population following PROALMA's recommended feeding pattern should increase.

5.3.6 Prenatal and Postpartum Care

The mean number of months women were advised to breastfeed during prenatal care increased from 6.8 months previously to a current 8.8 months. Postpartum feeding advice, received by 55 percent of the women compared with a previous 31 percent, ranged from a recommended weaning age of three months to two years, the mean increasing from 6.8 months previously to a current 7.9 months.

An increased percentage of women received their child immediately following birth, 15 percent compared with a previous eight percent. An increased percentage of

women first received their child before 11 hours following birth, 72 percent compared with a previous 62 percent. Only 14 percent received their child for the first time more than 11 hours after birth, compared with a previous 30 percent. Previously, the average woman did not initiate breastfeeding until more than 24 hours after birth, whereas currently 84 percent of the women said they first breastfed within 11 hours of giving birth.

5.3.7 Other Breastfeeding Related Issues

A lack of knowledge of birth control methods was seen, particularly those contraindicated for breastfeeding. Forty five percent of the mothers said they did not know which methods of contraception were contraindicated for breastfeeding. Four women said they were presently using oral contraceptives while exclusively breastfeeding and 11 were using oral contraceptives while mixed feeding.

5.3.8 Morbidity

Those children exclusively breastfed reported a lower incidence of illness in the two weeks prior to the interview than those exclusively bottle fed or mixed fed. Forty five percent of those children exclusively breastfed reported illness in the previous two weeks, 50 percent of those mixed fed reported illness and 61 percent of those bottle fed reported the same. As shown below, breastfeeding affects morbidity by decreasing incidence and severity.

PERCENT OF CHILDREN EXPERIENCING ILLNESS AT SOME POINT
IN THEIR LIVES BY MILK FEEDING PATTERN

<u>ILLNESS</u>	<u>MILK FEEDING PATTERN</u>		
	<u>BREAST ONLY</u>	<u>MIXED</u>	<u>BOTTLE ONLY</u>
Diarrhea	39	56	78
Vomiting	19	23	41
Eye Infections	23	22	25
Indigestion	5	8	11
Dehydration	6	6	13
Colds	71	70	83
Coughs	49	58	81
Bronchitis	7	7	14
Fever	42	48	65
Allergy	24	41	37

Note: Percentages are calculated from the totals per feeding pattern for each illness: breast only - 214, mixed - 185 and bottle only - 135.

Sixty one percent of those children exclusively breastfed reported never having experienced an episode of diarrhea in their lives. This figure was lower for those children mixed fed and exclusively bottle fed, 44 percent and 22 percent respectively. Only six percent of those children exclusively breastfed had experienced moderate to severe dehydration in their lives, six percent of those mixed fed and 13 percent of those exclusively bottle fed experienced the same. The incidence for all illnesses measured was lowest among those children exclusively breastfed. The incidence rate for those mixed fed consistently fell

between that for those exclusively bottle fed and those exclusively breastfed, lying closer to that of the latter. These results demonstrate the positive effects of breastfeeding in lowering disease incidence during the first year of life and, as is shown by the rate of dehydration most likely occurring as a result of diarrhea, in decreasing disease severity.

5.3.9 Mortality

The following is a description of the findings of infant mortality based on the sample of the seven deaths encountered in the survey. The sample is too small to enable a more extensive analysis of the impact of infant feeding practices on infant mortality.

CHARACTERISTICS OF DEATHS ENCOUNTERED IN THE SURVEY

<u>CAUSE OF DEATH</u>	<u>C H I L D</u>		<u>AGE OF MOTHER</u>	<u># YRS. LIVED IN TEGUCIGALPA</u>	<u>FEEDING METHOD</u>
	<u>AGE AT DEATH</u>	<u>SEX</u>			
1. Respiratory problems	4 months	M	24	24	Breastfed
2. Unknown	4 hours	F	36	20	-
3. Pneumonia	5 weeks	M	28	28	Breastfed and bottle fed
4. Diarrhea/Dehydration	8 months	F	19	19	Bottle fed
5. Bronchitis	7 months	F	21	3	Bottle fed w/ other liquids
6. Bronchitis	5 months	F	25	25	Bottle fed
7. Premature	Died at birth	M	28	12	-

Seven deaths were encountered within the past year of children under one year of age. Four of the deaths were due to respiratory illnesses, one was due to

diarrhea, one was a premature birth, and one only lived four hours and the cause of death was unknown. Four of the children who died were bottle fed, one with other liquids and one mixed fed. Although the mortality sample is extremely small, only 1.3 percent of all interviews conducted, these seven cases illustrate that bottle fed children are not protected from major illness and death to the same extent that breastfed children are.

5.4 Conclusions

Fewer changes are seen in infant feeding practices in the community than in the knowledge and attitudes of health personnel and in the treatment of postpartum mothers in the hospital project sites. PROALMA, to date, has not focused on community education, but rather on the education and training of hospital personnel and on changing hospital practices and routines. However, some changes are seen in urban community feeding practices particularly in the number of mothers who exclusively breastfeed. While bottle feeding is still a popular feeding method, exclusively or combined with breastfeeding, more women are exclusively breastfeeding than the previous data indicates, and doing so for longer periods of time.

PROALMA needs to focus more attention on prolonging the introduction of other liquids and food supplements

into the infant diet until four to six months of age, thereby encouraging exclusive breastfeeding in the first months followed by the introduction of other foods with continued breastfeeding.

6. RECOMMENDATIONS

6.1 PROJECT EXPANSION

The second phase of PROALMA should include its expansion to a national level. This implies working within the public health care system through the Division of Maternal Child Health in the Ministry of Health. Program expansion to all health regions of the country should be coordinated with the National Breastfeeding Program within this division of the Ministry.

6.1.1 Regional Hospitals

The first step in program expansion should focus on the inclusion of all regional hospitals throughout the country. The current level of knowledge of breastfeeding issues and existing practices promoting breastfeeding in these hospitals should be measured in selected regions. This would serve as baseline data for the program's expansion and orient PROALMA and the Ministry as to existing conditions and where efforts need to be focused in planning for program expansion. With the inclusion of all regional hospitals in the program, PROALMA will have access to the majority of women giving birth in hospitals in the country.

6.1.2 Health Centers

Health centers should be included in program

expansion, in accordance with the norms of the Ministry of Health for this level of care. Nursing personnel throughout the country should be trained on breastfeeding promotion, and they in turn should be able to orient midwives and other community health personnel on the promotion of breastfeeding within their communities. Support groups should be created among mothers and nursing personnel, as presently exists in one area of Tegucigalpa, to handle special problems and further promote breastfeeding within each community.

6.1.3 Rural Expansion

Up to the present time PROALMA has worked only in two urban areas of the country. In order to reach the majority of women giving birth in the country, midwives must be trained and attention given to promotional work in rural areas. Breastfeeding promotion should be incorporated into their normal training. While midwives themselves should be trained, they must be able to receive support from the nursing personnel in their community health center. If midwives are trained on breastfeeding promotion, and receive no support from the health center they report to, their training is likely to be forgotten. In order to plan for rural expansion, a minimal baseline of data can perhaps be used from a study of midwives currently being conducted by Management Sciences for Health.

6.2 IMPLEMENTATION OF PROJECT NORMS

National breastfeeding norms are developed and in the process

of being revised and approved. These norms address all levels of care, except for the community level. Once the norms are revised, they should be distributed to all health regions and institutions, and training seminars should be conducted with regional and hospital personnel to give instruction on their implementation. As seen in the survey of the knowledge, attitudes and practices of health personnel, knowledge and attitudes can be changed through training and education, but practices often need to be enforced to achieve change. Regulating practices through norms is one way to assure their implementation. If norms do not exist or are not implemented, practices can not be expected to significantly change.

6.3 TRAINING OF HEALTH PERSONNEL

Much training has already taken place of health personnel on various aspects of breastfeeding management and promotion. With expansion of the project, more training will be needed of regional personnel, hospital personnel, doctors and nurses in health centers, midwives and other community health workers. The training of medical and nursing students should continue, as should efforts to further implement in the curricula breastfeeding anatomy, the physiology of lactation, the management of breastfeeding problems and the general promotion of breastfeeding. The training seminar for doctors before they begin their year of social service should be continued each year. In order to promote interest in breastfeeding and national research, medical students should be encouraged when possible to select an aspect of breastfeeding for their theses. Finally, the project should continue to provide training and education where it is needed and requested, and clinical supervision of those personnel already trained. Courses, seminars and conferences should be planned, and when

other requests are made for training, the demand should be met as it has in the past whenever possible.

6.4 DEVELOPMENT OF EDUCATIONAL MATERIALS

A large portion of the PROALMA budget should be spent on the development of new educational materials and the reproduction and distribution of some of the materials already developed. Technical assistance is available from the Division of Education in the Ministry of Health in the designing of posters, pamphlets and flip charts and in the development of radio spots. All of these resources should be used, as well as the collaboration of a US/AID technical assistant in the division, whose contract expires at the end of this year. Particular problem areas should be identified, as pointed out in the evaluation results, and used as the focus or target of educational materials. Most materials produced should be made available for national distribution. Education materials should target a specific population, e.g., health personnel, mothers, community workers, etc. Articles and books should continually be collected to expand the documentation center and relevant journals and magazines should be subscribed to. Everyone interested in breastfeeding should have access to the center.

6.5 PROALMA'S FUTURE

If the next stage of PROALMA includes its expansion on a national level, the project must work more closely with the Ministry of Health. If support and collaboration are not received from the Ministry, no gains will be made in the

regional hospitals, health centers or at the community level. With the continued training of medical students, the implementation of national norms, the training of regional personnel and the collaboration of the Ministry of Health, project expansion to the regional level is possible. But the further away PROALMA is in its connection to the Ministry, the harder this task will be.

A continuance of PROALMA's present status is not recommended for a number of reasons. Administratively, PROALMA is a nightmare. A separate contract exists with US/AID for each person employed by PROALMA. The administrative procedures of A.I.D., which PROALMA must adhere to, are often not completely understood by A.I.D. staff, much less PROALMA personnel. Many problems were created for the project in arranging contracts with A.I.D. in waiting for payments to clear administrative procedures. The project evaluation was delayed several weeks due to an A.I.D. administrator who does not understand that the papers on his desk are directly connected to the functioning of projects. Once the contract was finally signed to finance the evaluation, it became clear that actual receipt of the money was another problem. At one point, due to A.I.D.'s delays, the director of PROALMA had to pay the interviewers contracted for the evaluation from her own pay check. Administratively, PROALMA would be better off under a different arrangement.

PROALMA began as a pilot project, although not officially called so. Much success is shown in the evaluation for the two years it has existed. The evaluation results show that the work has had an impact, and that the methods employed to carry out the work are successful. Therefore, the next logical step is to expand the target population. As already

stated, a national breastfeeding program must have the support of and receive the collaboration of the Ministry of Health. This does not mean it should be integrated entirely into the Ministry, but closer contact is needed. A continuance of its present status is not the best way to foster such a relationship. PROALMA would be better off included within an agency with an already existing A.I.D. contract, which also has close ties to the Ministry of Health and can foster this relationship. But an important element for all PROALMA staff is that they maintain to a large extent their independence and freedom to work without depending on bureaucratic procedures and regulations. They need to be able to respond to demand as it arises, and do not want to wait days or weeks for the necessary authority to carry out their work.

Finally, it is essential to PROALMA's continued success that the existing agreement with the collaborating institutions, the Ministry of Health, the Honduran Social Security Institute, the National Social Welfare Agency and the U.S. Agency for International Development, be renewed when it expires at the end of this year.

REFERENCES

1. Chloe O'Gara, Evaluation Plan for the PROALMA Project and Report on Baseline Data Collection, August 31, 1983.
2. Limited Scope Project Agreement, U.S. Agency for International Development and the Ministry of Public Health, Instituto Hondureño de Seguridad Social, Junta Nacional de Bienestar Social, July 9, 1982.
3. Resumen de actividades efectuadas a partir del 15 de diciembre de 1982 al 31 de marzo de 1985, Dra. Argentina Alas de Chávez, Directora de PROALMA.
4. "A Mid-term impact evaluation of hospital institutions for the PROALMA Project, Honduras," Phyllis Autotte, Consultant Report, January - February, 1985. (Available from Education Development Center, Inc., Newton, Mass.)

Appendix I

Example of the Questionnaires

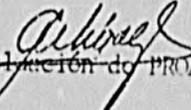
FORMULARIO PARA MEDICOS

Estimado Doctor:

En el transcurso de los dos años anteriores se ha realizado un programa para promover la lactancia materna en Tegucigalpa y San Pedro Sula. Le pedimos su colaboración en llenar este formulario para informar a los programadores y proveer una línea base de evaluación sobre el manejo de lactancia materna.

DEJE EN BLANCO
ESTA COLUMNA

Agradecemos su valiosa colaboración.


~~Evaluación de~~ PROMAMA

POR FAVOR MARQUE UNA X PARA INDICAR LA RESPUESTA

1. Hospital(es o clínica(s) donde actualmente trabaja:
- 01 Hospital Escuela o Materno Infantil
 - 02 Hospital del IHSS, Tegucigalpa
 - 03 Hospital del IHSS, San Pedro Sula
 - 04 CESAMO o Región Metropolitana en Tegucigalpa
 - 05 Clínica Periférica IHSS, Tegucigalpa
 - 06 Consultorio IHSS, San Pedro Sula
 - 07 Clínica Materno Infantil, Tegucigalpa
 - 08 Clínica privada/Hospital privado.
2. ¿Cuál es su especialidad?
- 1 Obstetricia
 - 2 Pediatría
 - 3 Medicina General
 - 4 Residente
 - 5 Interno
 - 6 Estudiante
 - 7 Otro _____
3. ¿En qué sala trabaja actualmente?
- 1 Labor y Partos
 - 2 Alguna sala de postparto (puerperio, Ginecología, Séptico, Patológico)
 - 3 Sala Cuna o Recién Nacidos
 - 4 Consulta Externa de Pediatría o C/D
 - 5 Consulta Externa Prenatal
 - 6 Otros: _____
4. ¿Su sexo?
- 1 Masculino
 - 2 Femenino
5. ¿Cuántos años tiene usted?
- _____ años
6. ¿Ha recibido algún adie stramiento en lactancia materna?
- a) SI _____ NO _____ dónde _____
 - b) Curso de lactancia materna _____
 - c) Coloquio _____
 - d) Seminario _____

7. ¿Cuánto recomienda usted que una madre sana dé la primera mamada a su recién nacido normal?

- 1 Al nacer
- 2 Unas horas después del parto
- 3 Un día o más después del parto
- 4 Cuando le baje la leche
- 5 No recomienda la lactancia materna

7. _____

8. ¿Qué horario de mamadas recomienda usted a una madre sana para su recién nacido que pesa siete libras?

- 1 Cada dos o tres horas
- 2 Cada tres o cuatro horas
- 3 Otro horario
- 4 Que le dé sin horario cuando el tierno pida
- 5 No recomienda la lactancia materna

8. _____

9. ¿Recomienda usted agua, agua azucarada, o suero en biberón para un recién nacido sano durante las primeras horas de vida?

SI _____ NO _____

9. _____

10. En familias de clase media, cuando recomienda la introducción de leche en biberón?

10. _____

10a. _____

11. En familias de clase media cuándo recomienda el destete?

11. _____

11a. _____

12. En familias de escasos recursos, cuándo recomienda la introducción de leches en biberón?

12. _____

12a. _____

13. En familias de escasos recursos, cuándo recomienda el destete?

13. _____

13a. _____

14. ¿Cómo recomendaría a una madre desnutrida que alimente a su niño sano de dos meses?

14. _____

14a. _____

15. ¿A qué edad recomienda usted la introducción de jugos?

15. _____

15a. _____

16. ¿A qué edad recomienda usted la introducción de alimentos semisólidos?

16. _____

16a. _____

17. ¿A qué edad recomienda usted la introducción de alimentos sólidos?

17. _____

17a. _____

Por favor indique con los siguientes códigos su opinión sobre las siguientes afirmaciones:

- 1 Muy en desacuerdo
- 2 En desacuerdo
- 3 No tiene opinión, no está ni de acuerdo ni en desacuerdo
- 4 De acuerdo
- 5 Muy de acuerdo

MARQUE EL CODIGO QUE SIGNIFICA SU RESPUESTA EN LA COLUMNA A LA DERECHA

	Muy en desacuerdo	En desacuerdo	No tiene opinión	De acuerdo	Muy de acuerdo
18. La separación de la madre y el niño en las primeras horas de nacido es necesaria, pues la madre descansa.	18) 1	2	3	4	5
19. La separación de la madre y el niño en las primeras horas de nacido interfiere con el acercamiento madre niño.	19) 1	2	3	4	5
20. La leche materna es la mejor leche para niños prematuros	20) 1	2	3	4	5
21. Ser tocados por sus madres favorece el buen de desarrollo de niños prematuros.	21) 1	2	3	4	5
22. Muchas madres que quieren amamantar no pueden producir suficiente leche materna.	22) 1	2	3	4	5
23. Hay madres que no amamantan porque no saben los beneficios de la leche materna para sus niños.	23) 1	2	3	4	5
24. Hay madres que no saben cómo amamantar.	24) 1	2	3	4	5
25. Cuando un recién nacido de buen peso no quiere agarrar el pezón, tiene que dársele biberón con leche.	25) 1	2	3	4	5
26. Cuando se prepara bien, la leche artificial maternizada es tan completa y alimenticia como la leche materna.	26) 1	2	3	4	5
27. La leche materna siempre provee anticuerpos al niño	27) 1	2	3	4	5
28. La tensión en la madre dificulta la bajada de la leche.	28) 1	2	3	4	5
29. La madre que no produce leche suficiente debe poner el niño al pecho con más frecuencia.	29) 1	2	3	4	5
30. La madre que no produce leche suficiente debe tomar más líquidos	30) 1	2	3	4	5
31. Darle pepé ayuda al recién nacido a aprender a succionar bien.	31) 1	2	3	4	5
32. El recién nacido normal de un mes que moja 7 pañales en 24 horas, necesita agua u otro líquido además de la leche materna.	32) 1	2	3	4	5
33. Durante el puerperio la madre que está dando pecho debe alimentarse con toda clase de alimentos.	33) 1	2	3	4	5
34. En los hospitales el personal debe interesarse porque las madres amamanten a sus hijos	34) 1	2	3	4	5
35. El amamantamiento es importante para el bienestar de un niño de los seis meses al año.	35) 1	2	3	4	5
36. La leche materna es más saludable para un niño de 18 meses que la leche artificial.	36) 1	2	3	4	5

- 37) Entre más pronto toma sensibilibus un niño, es lo mejor
- 38) La madre que quiere amamantar y dar otros alimentos complementarios debe ofrecer primero los otros alimentos y después el pecho
- 39) Las madres se sienten contentas de amamantar a sus hijos.
- 40) Una madre con pezón invertido probablemente no podrá dar pecho a su hijo.
- 41) Es importante que una madre lave los pezones con agua y jabón
- 42) La preparación de los pezones en el período prenatal es uno de los factores importante para el amamantamiento exitoso.
- 43) Una madre amamantando no tiene que planificar, si no le ha venido la menstruación.
- 44) Es más importante tomar pastillas para planificar que amamantar
- 45) Es demasiado sacrificio para una madre que trabaja a tiempo completo dar de mamar pecho a sus hijos.
- 46) El amamantamiento contribuye a la salud de los niños.
- 47) Es importante que un recién nacido tome el colostro.
- 48) Una madre con mastitis debe destetar a su niño.
- 49) La madre que amamanta se siente más ventajosa como mujer.
- 50) El niño con diarrea debe seguir tomando la leche materna.
- 51) La leche materna es más económica que la leche artificial.

37)	1	2	3	4	5
38)	1	2	3	4	5
39)	1	2	3	4	5
40)	1	2	3	4	5
41)	1	2	3	4	5
42)	1	2	3	4	5
43)	1	2	3	4	5
44)	1	2	3	4	5
45)	1	2	3	4	5
46)	1	2	3	4	5
47)	1	2	3	4	5
48)	1	2	3	4	5
49)	1	2	3	4	5
50)	1	2	3	4	5
51)	1	2	3	4	5

DE ESTA LISTA DE ENFERMEDADES EN BASE ACTIVA, CUALES SON LAS QUE INTERFEREN EL AMAMANTAMIENTO? MARQUELAS CON UNA X EN LA COLUMNA DE LA DERECHA.

- | | |
|---|------------------------------------|
| 52. ___ desnutrición de la madre | 58. ___ infección de mastitis |
| 53. ___ absceso de mama | 59. ___ hepatitis |
| 54. ___ tuberculosis (no bacilifera) | 60. ___ tifoides |
| 55. ___ sífilis (con lesiones abiertas) | 61. ___ enfermedades transmisibles |
| 56. ___ diarrea | 62. ___ diabetes |
| | 63. ___ síndrome febril |

DE ESTA LISTA, CUALES SON LOS MEDICAMENTOS DE LA SIGUIENTE LISTA QUE INTERFEREN EL AMAMANTAMIENTO? MARQUELOS CON UNA X EN LA COLUMNA DE LA DERECHA.

- | | |
|-----------------------|--|
| 64. ___ penicilina | 68. ___ tetraciclinas |
| 65. ___ analgésicos | 69. ___ Norfloxacin (antibiótico oral) |
| 66. ___ cloranfenicol | 70. ___ diuréticos |
| 67. ___ uraica | 71. ___ tranquilizantes |

POR FAVOR CONTESTE LAS SIGUIENTES PREGUNTAS:

(SI DESCONOCE SU RESPUESTA, DEJELAS EN BLANCO)

DEJE EN BLANCO
ESTA COLUMNA

72. El seno está formado por tres clases de tejidos que son:
 a. _____ b. _____ c. _____ 72. _____
73. El tejido glandular de la glándula mamaria está constituido por:
 a. _____ b. _____
 c. _____ 73. _____
74. El volumen de la glándula mamaria está dado por el tejido:
 _____ 74. _____
75. ¿Cuál es la hormona que hace que la leche materna pase a los
 conductos y senos lácteos? _____ 75. _____
76. ¿Cuál es la hormona que estimula la producción láctea?
 _____ 76. _____
77. ¿Cuáles son las hormonas que con su descenso después del parto
 permiten que los niveles de prolactina asciendan?
 a. _____ b. _____ 77. _____
78. Cuando el niño está tomando pecho, dónde deben estar colocados
 los labios y las encías?
 _____ 78. _____

/MLE

PROYECTO DE APOYO A LA LACTANCIA MATERNA
(P R O A L M A)

ESTUDIO SOBRE ALIMENTACION INFANTIL

Tegucigalpa, D.C., 1985

del sector _____ # de la casa _____ # del sujeto _____

¿Había gente en casa? ___ 1a visita ___ 2a visita ___ 3a visita

Entrevistadora ___ 1a visita ___ 2a visita ___ 3a visita

PRESENTESE USTED: EXPLIQUE EL ESTUDIO

1. ¿Viven aquí niños menores de un año? ___ sí ___ no (pase a #5) 1. _____

¿cuántos? _____

2. LLENE LO SIGUIENTE PARA CADA NIÑO MENOR DE 1 AÑO

NIÑOS ENTRE 0 Y 12 MESES

	<u>Primer niño</u>	<u>Segundo niño</u>	<u>Tercer niño</u>
a. <u>Fecha de nacimiento:</u>	____/____/____ día mes año	____/____/____ día mes año	____/____/____ día mes año
(semanas que tiene)	_____	_____	_____
b. <u>¿Es niña o varón?</u>	1. niña _____ 2. varón _____	1. niña _____ 2. varón _____	1. niña _____ 2. varón _____
c. <u>¿Vive aquí su madre?</u>	1. sí _____ 2. no _____	1. sí _____ 2. no _____	1. sí _____ 2. no _____

5. ¿Se murió algún niño de la casa que nació en el último año? 5. _____
___ 1. sí ___ 2. no

a. ¿En qué fecha nació? ____/____/____
día mes año a. _____

b. Semanas que hubiera tenido el niño hoy? _____ b. _____

LLENE UN FORMULARIO PARA CADA NIÑO MUERTO
QUE HUBIERA TENIDO MENOS DE UN AÑO HOY

SI NO HAY UN NIÑO VIVO NI MUERTO MENOR DE UN AÑO, SE TERMINA LA ENTREVISTA.
SI HAY UN NIÑO VIVO MENOR DE 1 AÑO, CONTINUE CON LA ENTREVISTA.

LLENE ESTE CUADRO PARA CADA CASA DONDE HAY UN NIÑO MENOR DE UN AÑO.
SI NO VIVE AQUÍ LA MADRE DE UN TIERNO MENOR DE UN AÑO
ENTREVISTE A LA PERSONA QUE CUIDA AL TIERNO

VISITAS

	1a.	2a.	3a.	4a.
Entrevistadora				
Fecha				
Hora				
¿Explicó el estudio?				

¿Se encuentra en casa la madre o la persona que actualmente cuida al tierno?
 1a visita 2a visita 3a visita
SI EL/LLA ESTÁ,
EXPLIQUE LA ENTREVISTA
Y PASE A LA PROXIMA PAGINA

¿En qué día de la semana y a qué hora estará en casa? _____

6- Entrevistadora: _____ 7. fecha _____ 6. _____

a. # del sector: _____ b. # de la casa _____ # de sujeto _____ a. _____
b. _____
c. _____

PREGUNTE A LA MADRE O A LA PERSONA QUE CUIDA EL TIERNO:

8. ¿Cuántos son los familiares que viven aquí con usted? 8. _____
R: _____

9. ¿Viven con usted otras personas? No _____ 9. _____
a. amigos a. _____
b. otros niños b. _____
c. inquilinos c. _____
Número/ d. compañeros de hogar (si no es padre del niño) d. _____
personas e. dueños de casa e. _____
f. otros f. _____

10. ¿Cuántos niños menores de 2 años viven en esta casa? 10. _____
No. de niños: _____

11. ¿Algunos de sus familiares o amigos, o vecinos le aconsejan cómo alimentar al niño?

a. SI ___ NO ___

11a. ___

b. ¿Quién? Especifique

b1. ___

- ___ 1. madre
- ___ 2. suegra
- ___ 3. otros _____

2. ___

3. ___

c. ¿Qué le aconsejan?

c1. ___

- ___ 1. pecho
- ___ 2. pepe
- ___ 2. otros _____

2. ___

3. ___

12. ¿Quiénes le ayudan a cuidar a sus niños (aun de vez en cuando)

12a. ___

- Número de personas _____
- ___ a. nadie-ella lo hace sola
 - ___ b. familiares
 - ___ c. amigas/vecinas
 - ___ d. niños de la casa
 - ___ e. trabajadora
 - ___ f. otros _____

b. ___

c. ___

d. ___

e. ___

f. ___

AHORA QUIERO PREGUNTARLE ALGO RELACIONADO CON SU TIERNO.

EL PARTO

13. ¿Estuvo en control durante el embarazo?

13. ___

- ___ 1. sí
 - ___ 2. no
- ↓
- ↘ pase al #15

14. a. ¿En qué mes del embarazo empezó a ir a control?

14a. ___

Nº de mes _____

b. ¿Cuántas veces fue a control?

b. ___

Nº de veces _____

15. Antes del parto, ¿recibió algún consejo respecto a cómo alimentar al niño?

15. ___

- ___ 1. sí
 - ___ 2. no
- ↓
- ↘ pase al #17

16. ¿Qué fueron los consejos que recibió?

- ___ 1. dar pecho hasta los (cuántos) b. ___ meses
- ___ 2. dar pecho y pepe
- ___ 3. dar pepe/cómo preparar el pepe
- ___ 4. dar comidas
- ___ 5. dar jugos
- ___ 6. no dar pecho

16. ___

b. ___

c. ___

d. ___

16. ¿Dónde recibió estos consejos?

16. _____

- 1. en el hospital
- 2. en la clínica
- 3. de la partera
- 4. Seguro Social
- 5. médico particular
- 6. farmacia
- 7. otro _____

17. ¿Dónde nació el tierno?

17. _____

- 1. Materno Infantil
- 2. Seguro Social
- 3. otro hospital
- 4. con partera: Nombre y dirección _____
- 5. en casa sin partera
- 6. otro lugar _____

18. ¿Cuánto pesó al nacer (pida el carnet)

Cantidad: _____ kilos _____ libras _____ onzas

18. _____

19. ¿Es gemelo?

1. sí 2. no

19. _____

20. ¿El parto fue normal o cesárea?

20. _____

- 1. normal
- 2. cesárea
- 3. otro problema: _____

21. ¿A las cuántas horas después del parto vio por primera vez al tierno? 21. _____

- 1. al nacer
- 2. 1a. hora después del parto
- 3. 2a. hora después del parto
- 4. antes de las 8 horas después del parto
- 5. antes de las 12 horas después del parto
- 6. 12-24 horas después del parto
- 7. después de 24 horas después del parto

22. ¿A las cuántas horas después del parto le trajeren el tierno?

22. _____

- 1. al nacer
- 2. 1a. hora después del parto
- 3. 2a. hora después del parto
- 4. antes de las 8 horas después del parto
- 5. antes de las 12 horas después del parto
- 6. 12-24 horas después del parto
- 7. después de 24 horas después del parto

23. ¿Cuándo le puso al pecho por primera vez?
(si dice nunca, marque "0" y pase al #29)

23.

- 1. al nacer
- 2. 1a. hora después del parto
- 3. 2a. hora después del parto
- 4. antes de las 8 horas después del parto
- 5. antes de las 12 horas después del parto
- 6. 12-24 horas después del parto
- 7. después de 24 horas después del parto

24. ¿Dónde le dio de mamar al niño por primera vez?

24.

- 1. sala de parto
- 2. sala de recién nacidos
- 3. camilla
- 4. cama
- 5. otro lugar _____

25a. Antes de tomar pecho, ¿tomó otra cosa el recién nacido?

25a.

- 1. sí 2. no no sabe

↓

b. ¿Qué tomó?

- 1. agua
- 2. suero
- 3. leche
- 4. chupón
- 5. otra cosa _____

b1.
2.
3.

26. ¿Cuándo le bajó la leche (materna)?

26.

- 1. primer día
- 2. segundo día
- 3. tercer día
- 4. nunca le bajó
- 5. durante el embarazo
- 6. otro _____

27. a. El personal de salud o la partera dio alguna recomendación sobre darle la primera leche?

27a.

- 1. sí 2. no

b1.

b. ¿Quién? Especifique

2.

- 1. médico
- 2. enfermera
- 3. partera
- 4. otro _____

28. a. ¿Le dio a su tierno la primera leche? (leche amarilla - calostro)

- 1. sí
- 2. no

28.a. ____

b. ¿Cree usted que el niño debe recibir esta primera leche?

b. ____

- 1. sí
- 2. no

¿Por qué?

- 1. es buena para el niño
- 2. cree que es leche sucia
- 3. le aconsejaron que le diera
- 4. le aconsejaron que no la diera
- 5. otro _____

1. ____

2. ____

29. ¿Dónde durmió el recién nacido durante el primer día de vida?

29. ____

- 1. con ella
- 2. en la cunita o bacineta
- 3. otra sala o cuarto

30. ¿Dónde duerme el niño ahora?

30. ____

- 1. en la cama con ella
- 2. en el cuarto de ella pero aparte
- 3. en otro cuarto
- 4. otro _____

31. Después del parto, ¿recibió algún consejo respecto a cómo alimentar al niño?

31. ____

- 1. sí
 - 2. no
- ↓
- ↘ pase al #32

a-d ¿Qué fueron los consejos que recibió?

a. ____

- 1. dar pecho hasta los (cuántos) b. ____ meses
- 2. dar pecho y pepe
- 3. dar pepe/cómo prepararlo
- 4. dar comidas
- 5. dar jugos
- 6. no dar pecho

b. ____

c. ____

d. ____

e: ¿Dónde recibió estos consejos?

e1. ____

- 1. en el hospital
- 2. en la clínica
- 3. de la partera
- 4. Seguro Social
- 5. médico particular
- 6. farmacia
- 7. otro _____

2. ____

32. ¿Recibió algún folleto sobre lactancia materna?

32. ___

- 1. sí
- 2. no

a. ¿Dónde?

- 1. en el hospital
- 2. en la clínica
- 3. de la partera
- 4. Seguro Social
- 5. médico particular
- 6. farmacia
- 7. otro _____

a1. ___

2. ___

33. ¿Ha oído hablar sobre lactancia materna en: (LEA LAS ALTERNATIVAS)

33a. ___

- a. radio?
- b. televisión?
- c. periódico?
- d. iglesia?
- e. escuela?
- f. otro lugar? _____
- g. no ha oído hablar

b. ___

c. ___

d. ___

e. ___

f. ___

g. ___

34. ¿Le dio chupón?

34. ___

- 1. sí
- 2. no

35. ¿Tomó purgante usted o dio al tierno?

35. ___

- 1. no tomaron
- 2. tomó ella
- 3. tomó el tierno
- 4. tomaron los dos

36. a. ¿Dió pecho alguna vez a este niño?

36a. ___

- 1. sí
- 2. no

b. ¿Por qué no le dio pecho?

b. ___

(anote solamente una)

- 01. no le bajó la leche
- 02. consejo médico. ¿Por qué? _____
- 03. pezones invertidos
- 04. el niño estuvo enfermo
- 05. el niño no jalaba
- 06. la madre estuvo enferma
- 07. trabajo
- 08. no acostumbra
- 09. se separaron en los primeros días
- 10. porque la operaron .
- 11. otro: _____

37. ¿Está dando pecho todavía?

37. _____

- 1. sí (pase a N°38)
- 2. no: ¿Cuántos meses tenía el tierno cuando dejó usted de darle pecho?
a. N° de meses _____

a. _____

b. ¿Por qué le quitó el pecho?

- 01. se le secó la leche
- 02. el niño no quería
- 03. ya estaba grande el niño
- 04. consejo del personal de salud -
- 05. trabajo
- 06. leche agitada
- 07. se enfermó ella
- 08. se enfermó el tierno
- 09. se puso muy delgada
- 10. costumbre
- 11. se separaron
- 12. embarazo
- 13. planificar
- 14. otro _____

b1. _____

2. _____

3. _____

(Pase a #42)

38. ¿Da pecho al niño cada vez que lo pide?

38. _____

- 1. sí
- 2. no

39. ¿Cuántas veces le dio el pecho al niño en las últimas 24 horas?

- a. ¿Cuántas veces en el día? _____
- b. ¿Cuántas veces en la noche? _____

39a. _____

b. _____

40. ¿Cuántos meses espera darle pecho?

N° de meses _____ (66= hasta que lo deje _____)

40. _____

41. ¿Por qué le está dando pecho a su niño?

41. _____

- 1. ella no trabaja
- 2. es más saludable para el niño
- 3. es más barato
- 4. indicación del personal de salud
- 5. otra _____

42. ¿Cuántos pepes le dio en las últimas 24 horas?

42a. _____

a. ¿Cuántos pepes en el día? _____

b. _____

b. ¿Cuántos pepes en la noche? _____

43. ¿Le está dando otros líquidos al niño?

43. ___

1. sí 2. no



¿Cuáles son?

- a. agua
- b. agua con azúcar o miel
- c. jugos
- d. café
- e. coca-cola (u otro refresco de botella)
- f. otro _____

- a. ___
- b. ___
- c. ___
- d. ___
- e. ___
- f. ___

44. ¿Le está dando otros alimentos al niño?

44. ___

1. sí 2. no



¿Cuáles son?

- a. sopas
- b. atoles
- c. frutas
- d. verduras
- e. tortilla
- f. frijoles
- g. carne
- h. arroz
- i. "Gerber"

- a. ___
- b. ___
- c. ___
- d. ___
- e. ___
- f. ___
- g. ___
- h. ___
- i. ___

45. Por lo general, ¿le da al niño de todo lo que se come en casa?

1. sí 2. no

45. ___

46. ¿En algún momento ha sentido usted que no tiene suficiente leche?

46. ___

1. sí 2. no

a. ¿Ya le estaba dando pepe al niño cuando eso le ocurrió?

a. ___

1. sí 2. no

47. ¿Por qué será que no tiene (o tuvo) suficiente leche?

47. _____

- 1. así es ella siempre
- 2. la madre no tomó líquidos
- 3. el niño no mama seguido
- 4. no se alimenta bien la madre
- 5. se le puso inyección
- 6. no sabe
- 7. otro _____

a. _____

b. _____

48. ¿Qué hace usted o qué puede hacer una madre para aumentar la cantidad de leche que tiene?

48a. _____

- 1. poner al niño con más frecuencia
- 2. tomar más líquidos
- 3. alimentarse bien
- 4. tomar remedios caseros
- 5. tomar vitaminas
- 6. otro _____

b. _____

49. ¿Se le ha lastimado el pezón alguna vez mientras ha estado dando pecho?

- 1. nunca
- 2. una vez
- 3. varias veces

49. _____

a. ¿Qué hizo?

- 1. quitó el niño del pecho
- 2. se puso cremas
- 3. se fue al médico
- 4. siguió dando de mamar

a.1. _____

2. _____

3. _____

4. _____

82

50. ¿Al penúltimo hijo le dio pecho? 50. _____

- 1. sí 2. no 3. No tiene otro hijo
- ↙ (pase a a) ↘ (pase a b) ↘ (pase a #51)

a. ¿Cuántos meses le dio pecho a. _____

Nº de meses _____

b. ¿Al penúltimo hijo le dio pepe? b. _____

- 1. sí 2. no (pase a #51)

c. ¿Cuántos meses le dio pepe? c. _____

Nº de meses _____ (66=todavía le da _____)

51. ¿A usted cómo la alimentó su madre? 51. _____

- 1. se crió con otra
- 2. con pecho
- 3. con pepe
- 4. con pecho y pepe
- 5. otro _____

52. ¿Qué opina su compañero del amamantamiento? 52. _____

- 1. se molesta
- 2. se opone
- 3. está de acuerdo
- 4. otro _____

53. ¿Cuánto tiempo cree él que usted debe dar de mamar? 53. _____

Nº de meses _____

Otra respuesta: _____

54. ¿Cuándo dio pepe con leche por primera vez al tierno? 54. _____

- _____ días
- (000=nunca ha dado)
- ↘ (pase al #64)

55. ¿Dnde consiguió la primera leche para los pepes? 55. _____

- 01. ella la compró
- 02. el padre
- 03. un familiar de ella la regaló
- 04. otra persona la regaló.
- 05. en el hospital
- 06. en el centro de salud
- 07. Seguro Social
- 08. otro _____

56. ¿Qué marca de leche le da actualmente al tierno? 56. _____

- | | |
|---|---|
| <input type="checkbox"/> 01. Nan | <input type="checkbox"/> 13. Klim |
| <input type="checkbox"/> 02. Polargo | <input type="checkbox"/> 14. Isamil |
| <input type="checkbox"/> 03. Nestógeno | <input type="checkbox"/> 15. Prosoybeo |
| <input type="checkbox"/> 04. Lactógeno | <input type="checkbox"/> 16. Al-100 |
| <input type="checkbox"/> 05. Coteco | <input type="checkbox"/> 17. Similac |
| <input type="checkbox"/> 06. Nido | <input type="checkbox"/> 18. SMA |
| <input type="checkbox"/> 07. Infamil | <input type="checkbox"/> 19. Al-110 |
| <input type="checkbox"/> 08. Sula | <input type="checkbox"/> 20. Almirón |
| <input type="checkbox"/> 09. Leyde | <input type="checkbox"/> 21. Protifar |
| <input type="checkbox"/> 10. Lirio Blanco | <input type="checkbox"/> 22. Otro _____ |
| <input type="checkbox"/> 11. Fara | |
| <input type="checkbox"/> 12. Total | |

57. ¿Cuánto gasta por quincena para comprar esta marca de leche? 57. _____
Cantidad: _____ Lempiras/quincena

58. ¿Qué tamaño de lata está usando ahora? 58. _____
1. pequeño
2. mediano
3. grande

a. ¿Cuánto le dura esta lata? a. _____
_____ # de días

59. ¿Cuántos niños de la casa toman leche de esta marca? 59. _____
_____ (incluye el tierno)

60. ¿Quién le da el pepe por lo general? 60. _____
1. la madre
2. abuela o tía
3. la trabajadora
4. una niña/niño
5. otro _____

61. Por lo general, ¿chinea al tierno cuando le da pepe, o cómo se lo da? 61. _____
1. sí, lo chinea
2. acuñado con almohada, etc.
3. él solo le agarra
4. a veces chineado, a veces acuñado
5. otro _____

62. ¿Le da pepe todos los días al niño? 62. _____
1. sí 2. no

a. ¿Cuántos pepes diarios le da? a. _____

63. ¿Por qué le está dando pepe a su niño? 63. _____
1. ella trabaja
2. creo que es mejor leche
3. le aconsejaron hacerlo
4. no tiene pezones, o tiene pezones invertidos
5. no tiene (suficiente) leche materna
6. acostumbrarle al niño
7. otra _____

SI ENTREVISTA A OTRA PERSONA QUE NO ES LA MADRE, PASE A #79)

PREGUNTE A LA MADRE:

64. ¿Cuántas veces ha estado embarazada? (incluya los abortos) 64. _____
Nº de veces _____

84

65. ¿Cuántos niños le nacieron vivos? 65. _____
 Nº de niños _____
66. ¿Cuántos hijos vivos tiene ahora? 66. _____
 _____ Nº de hijos vivos
67. ¿Le ha venido la regla? 67. _____
 ___ 1. sí ___ 2. no
68. ¿Está actualmente embarazada? 68. _____
 ___ 1. sí ___ 2. no ___ No sabe
69. ¿Cómo se puede evitar el embarazo mientras se amamanta? 69. _____
 ___ 01. no tener relaciones
 ___ 02. amamantar es planificar
 ___ 03. anillo (dispositivo) a. _____
 ___ 04. pastillas
 ___ 05. mientras no le venga la regla no han necesidad b. _____
 ___ 06. operarse
 ___ 07. ritmo
 ___ 08. condón
 ___ 09. óvulo o cremas vaginales
 ___ 10. no se puede
 ___ 11. no sabe
 ___ 12. otro _____
70. ¿Qué hace para evitar otro embarazo ahora? 70. _____
 ___ 01. nada
 ___ 02. no tiene relaciones
 ___ 03. no ha cumplido los 40 días
 ___ 04. pastillas
 ___ 05. ritmo
 ___ 06. operada
 ___ 07. anillo
 ___ 08. amamantamiento
 ___ 09. condón
 ___ 10. no le ha venido la regla
 ___ 11. no tiene compañero
 ___ 12. otro _____
71. ¿Qué opina su compañero de planificar su familia? 71. _____
 ___ 1. se opone
 ___ 2. está de acuerdo
 ___ 3. no tiene compañero
 ___ 4. otro _____
72. ¿Cuántos años tiene usted? 72. _____
 Nº de años _____

73. ¿Cuántos años de escuela completó? 73. _____
Nº de años _____

74. a. ¿Dónde nació usted? 74. _____
1. una ciudad: ¿Cuál? _____
2. un pueblo: ¿Cuál? _____
3. área rural: ¿Cuál? _____

b. ¿Cuántos años tiene de vivir en Tegucigalpa? b. _____
Nº de años _____

75. ¿Dónde trabaja usted actualmente? 75. _____
1. ama de casa (pase a #77) _____
2. negocio dentro de la casa _____
3. fuera de la casa (especifique el tipo de trabajo) _____

76. ¿Recibe salario por su trabajo? 76. _____
1. sí _____ 2. no _____

a. ¿Cuánto gana por mes? _____ Lempiras/mes a. _____

b. ¿Lleva usted el niño al trabajo? b. _____
1. sí _____ 2. no _____

c. ¿Toma usted la hora de lactancia? c. _____
1. sí _____ 2. no _____

d. ¿Qué edad tenía el niño cuando usted empezó a trabajar? d. _____
Nº de semanas _____

e. ¿Quién lo cuida al niño cuando trabaja? e.1. _____
01. ella misma _____
02. abuela del niño _____
03. tía del niño _____
04. otra hija o hijo (sexo _____ edad _____) _____
05. vecina o amiga _____
06. trabajadora _____
07. otro familiar: _____ 2. _____
08. guardería _____
09. padre _____
10. lo deja solo o dormido _____
11. otro: _____

77. ¿Vive en esta casa el padre del niño? 77. _____
1. sí _____ 2. no _____

78. ¿En qué trabaja el padre de su niño?

78. _____

- 01. no trabaja
- 02. no tiene trabajo fijo
- 03. albañil o carpintero
- 04. sastre
- 05. chofer
- 06. en fábrica
- 07. en caminos
- 08. en oficina
- 09. es profesional
- 10. vigilante
- 11. jardinero
- 12. vendedor
- 13. zapatero
- 14. otro: _____

79. ¿Cuánto gana?

79. _____

_____ lempiras por mes

80. ¿Le da apoyo económico el padre del niño?

80. _____

—1. sí ___ 2. no

a. ¿Cuánto le da?

Cantidades: _____ por mes

a. _____

b. ¿Quién decide cómo gastar el dinero?

- 1. ella decide
- 2. él lo decide
- 3. ambos

b. _____

SALUD DEL TIERNO:

81. ¿Qué hace el tierno? (MARQUE EL CODIGO MAS ALTO)

81. _____

- 01. nada
- 02. sostiene la cabeza
- 03. se fija
- 04. se da vuelta
- 05. agarra cosas
- 06. se sienta solo
- 07. gatea
- 08. se para
- 09. camina solo

82. En los últimos 15 días, ¿ha estado enfermo el niño?

82. _____

___ 1. sí ___ 2. no

a. ¿Cuáles de los síntomas siguientes tenía el niño?

- 1. tres o más obradas ralas o líquidas
- 2. heces ralas con moco o sangre
- 3. dejó de orinar/caída de mollera
- 4. fiebre
- 5. tos, gripe
- 6. respiraba con dificultad: bronquitis, neumonía
- 7. púje/empacho/vasca/cólico/estreñimiento
- 8. sarampión
- 9. rechas/alergias
- 10. convulsiones o contracciones musculares
- 11. otro: (Especifique) _____

a. _____

b. _____

c. _____

d. _____

37

83. ¿Cuántas veces en su vida ha sufrido el tierno de:?

LEA LAS ALTERNATIVAS

- | | |
|------------------------------------|-------------|
| a. Diarrea: _____ veces | 83.a. _____ |
| b. Vasca: _____ veces | b. _____ |
| c. Ojo: _____ veces | c. _____ |
| d. Empacho: _____ veces | d. _____ |
| e. Caída de mollera: _____ veces | e. _____ |
| f. Gripe: _____ veces | f. _____ |
| g. Tos: _____ veces | g. _____ |
| h. Bronquitis: _____ veces | h. _____ |
| i. Calenturas, fiebre: _____ veces | i. _____ |
| j. Alergia, sarpullido _____ veces | j. _____ |

CARACTERÍSTICAS DE LA VIVIENDA:

- | | | |
|-------------------------------|--|-------------------------------------|
| 84. <u>Piso</u> | <input type="checkbox"/> 1. tierra
<input type="checkbox"/> 2. cemento
<input type="checkbox"/> 3. madera
<input type="checkbox"/> 4. ladrillo | 84. _____ |
| 85. <u>Agua</u> | <input type="checkbox"/> 1. se trae del río, pozo, o quebrada
<input type="checkbox"/> 2. se trae de una llave
<input type="checkbox"/> 3. tiene tubos y agua en la casa
<input type="checkbox"/> 4. otro (compra sin saber de dónde viene) | 85. _____ |
| 86. <u>Servicio Sanitario</u> | <input type="checkbox"/> 1. van al monte
<input type="checkbox"/> 2. usa letrina colectiva
<input type="checkbox"/> 3. usa letrina propia
<input type="checkbox"/> 4. usa inodoro colectivo
<input type="checkbox"/> 5. usa inodoro propio | 86. _____ |
| 87. <u>Luz</u> | <input type="checkbox"/> 1. sí tiene luz eléctrica en casa
<input type="checkbox"/> 2. no tiene luz eléctrica en casa | 87. _____ |
| 88. <u>Aparatos</u> | LEA CADA ALTERNATIVA Y ANOTE CUANTOS TIENE
<input type="checkbox"/> a. radio
<input type="checkbox"/> b. televisión
<input type="checkbox"/> c. refrigeradora | 88.a. _____
b. _____
c. _____ |
| 89. <u>¿Tiene estufa?</u> | <input type="checkbox"/> 1. con horno
<input type="checkbox"/> 2. sin horno
<input type="checkbox"/> 3. no tiene estufa | 89. _____ |

BOLETA PARA NIÑOS MUERTOS

(Solamente se llena esta boleta si el niño se murió en los últimos 12 meses y hubiera tenido menos de 12 meses hoy)

Entrevistadora _____ fecha _____ hora: _____

del sector _____ # de la casa _____ # de sujeto _____

92. ¿Cuántos años tiene usted?
_____ años

92. _____

93. a. ¿Dónde nació usted?

93a. _____

- 1. una ciudad ¿Cuál? _____
- 2. un pueblo ¿Cuál? _____
- 3. área rural ¿Cuál? _____

b. ¿Cuántos años tiene de vivir en Tecucigalpa?
de años _____

b. _____

94. Sexo del niño que se murió?

94. _____

- 1. niña
- 2. varón

95. ¿En qué fecha murió el niño?

95. _____

____/____/____
día mes año

96. ¿Cuántos meses tenía el niño cuando murió?

96. _____

Nº de meses _____

97. ¿En la semana anterior de la muerte, tuvo el niño algunos de los síntomas siguientes?

- a. tres o más obradas ralas o líquidas
- b. heces ralas con moco o sangre
- c. dejó de orinar
- d. fiebre
- e. respiración dificultosa
- f. sarampión
- g. convulsiones o contracciones musculares
- h. otro _____

97a. _____
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____
h. _____

98. En su opinión, ¿cuál fue la causa de la muerte?

98. _____

99. ¿Fue usted quien hizo esta conclusión, o fue alguien que le dijo? 99a. _____

- 1. fue ella misma
- 2. una partera
- 3. un guardián de salud
- 4. un promotor de salud
- 5. una enfermera
- 6. un médico
- 7. un farmacéutico
- 8. otra persona (especifique) _____

b. _____

100. ¿Cómo le estuvo alimentando antes de enfermarse? 100a. _____

LEA LAS ALTERNATIVAS

- 1. solamente pecho
- 2. pecho y pepe
- 3. solamente pepe
- 4. otros líquidos
- 5. de todo lo que se comía en casa
- 6. no sabe
- 7. otro _____

b. _____

c. _____

CODIFICADO POR

FECHA

REVISADO POR

FECHA

LZ/MLB
7-11-85

PROYECTO DE APOYO A LA LACTANCIA MATERNA (PROALMA)

ENCUESTA A MADRES EN SALAS DE POSTPARTO

1. Hospital: 1: Materno Infantil
2: IHSS-Tegucigalpa
3: IHSS-San Pedro Sula 1. ___
2. Sala: 1: Puerperio Normal
2: Puerperio Cesárea
3: Patológico
4: Séptico
5: Ginecología
6: Medicina 2. ___
3. Fecha hoy: Día _____ mes _____ año _____ 3. ___
a. Día de semana (domingo = 1) _____ 4. ___
4. Hora _____ 4. ___
5. Entrevistadora: _____ 5. ___

A LA MADRE

6. Su bebé es niña o varón? ___ 1. Varón ___ 2. Niña 6. ___
a. ¿En qué fecha y a qué hora nació? _____ horas de edad 6. ___
b. ¿Dónde está el bebé ahora? 6. ___
___ 01. en la cama con ella
___ 02. en cunita con ella
___ 03. en sala cuna/recién nacidos
___ 04. en incubadora
___ 05. en otra sala
___ 06. en casa
___ 07. otro _____
7. ¿Fue normal el parto? 7. ___
___ 1. sí ___ 2. no

NO: ¿Qué pasó? _____

a-c:

- ___ 01. cesárea a. ___
___ 02. forceps b. ___
___ 03. inducido/le pusieron suero c. ___
___ 04. episiotomía
___ 05. niño prematuro
___ 06. niño anormal
___ 07. otro _____

d. ¿Le dieron una explicación adecuada sobre el porqué de lo que le hicieron?

d. ___

- 1. no le explicaron
- 2. no entendió la explicación
- 3. le explicaron y entendió

8. a. ¿Cuántas horas permaneció en el hospital desde que llegó hasta que la ingresaron?

de horas _____

8.a. ___

b. ¿Cuántas horas estuvo en la sala de labor y partos desde que la prepararon hasta la hora del parto?

de horas _____

b. ___

9. ¿Cómo se sentía durante estas horas de labor antes del parto?

LEA LAS ALTERNATIVAS:

- 1. con mucho temor
- 2. con temor
- 3. acalambada
- 4. calmada
- 5. contenta
- 6. nerviosa
- 7. otro _____

9. ___

10. En cuanto a sus energías, ¿cómo se sentía durante estas horas antes del parto? LEA LAS ALTERNATIVAS.

- 1. demasiado cansada
- 2. cansada
- 3. débil
- 4. bien
- 5. con suficiente energía

10. ___

11. ¿Estuvo usted en control antes del parto?

- 1. sí
- 2. no

11. ___

a. ¿Le explicaron algo sobre el parto durante la consulta prenatal?

- 1. sí
- 2. no

a. ___



b. ¿Dónde recibió estos consejos?

- 1. centro de salud
- 2. médico particular
- 3. otro _____

b.1. ___
2. ___
3. ___

c. ¿Qué le aconsejaron?

- 1. preparación para el parto
- 2. preparación de los pezones
 - a. Le explicaron cómo preparar los pezones?
 sí no
 - b. Le enseñaron cómo preparar los pezones?
 sí no
- 3. orientación sobre la lactancia materna
- 4. orientación sobre alimentación artificial (leche artificial).
- 5. orientación sobre alimentación con otros líquidos
- 6. de pegarse el niño en la mesa de partos
- 7. otro _____

- c.1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

d. ¿Le explicaron algo sobre el parto desde que llegó al hospital hasta que nació su niño?

- 1. sí 2. no

d.

e. ¿Qué le dijeron?

- 1. deambulación
- 2. de no empujar hasta que llegue el momento del parto
- 3. que no se levante de la cama
- 4. cómo empujar durante el parto
- 5. cuándo empujar durante el parto
- 6. de pegarse el niño en la mesa de partos
- 7. le ayudaron a sentarse durante el parto
- 8. otro _____

- c.1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

12. ¿Fueron los dolores de parto como usted esperaba o más difícil o más fácil? 12. __

- 1. más difícil
- 2. como esperaba
- 3. más fácil

13. ¿Le hubiera gustado que la acompañara alguien conocido durante los dolores del parto y el parto? 13. __

- 1. sí
- 2. no
- 3. me acompañó

a. ¿Quién?

- 1. madre
- 2. hermana/cuñada
- 3. amiga
- 4. esposo/compañero
- 5. otro _____

a. __

14. ¿Cómo se sentía al momento del parto? LEA LAS ALTERNATIVAS

- 1. con mucho temor
- 2. con temor
- 3. triste
- 4. con confianza
- 5. alegre
- 6. otro _____

14. __

a. __

15. ¿Cuándo se dio cuenta si era niña o varón?

a. A los _____ minutos

15.a. _____

b. ¿Cómo se dio cuenta?

- 1. le enseñaron el cuerpo
- 2. le dijeron
- 3. ella preguntó
- 4. otro _____

b. __

15.

16. ¿Cuándo supo el peso de su niño? 16.a. _____
a. A los _____ minutos (999 si no lo sabe todavía)

17. ¿Cómo supo el peso del niño? 17. _____
1. lo dijeron en sala de partos
2. ella preguntó en sala de partos
3. le dijeron al traerlo
4. ella preguntó al traerlo
5. lo vio en el expediente
6. otro _____

18. ¿Le enseñaron el niño al nacer? 18. _____
1. sí 2. no

a. ¿Cuándo vio a su niño por primera vez? 18.a. _____
_____ horas (000=al nacer)
(001=Sala de partos/una hora)

19. ¿Cuándo tocó a su niño por primera vez? 19. _____
_____ horas después del parto. (000=al nacer)
(999=no lo ha tocado todavía)

20. ¿Cuándo le entregaron el niño? 20. _____
_____ horas después del parto. (000=al nacer)
(999=no se lo han entregado todavía)

21. ¿Ha probado dar pecho al recién nacido aquí en el hospital? 21. _____
1. sí (pase a "a")
2. no (pase a "b")

a. ¿Cuándo le dio pecho por primera vez? a. _____
_____ horas (001 indica sala partos o camilla, o primera hora después del nacimiento)

b. ¿Por qué no se lo ha puesto al pecho todavía? b. _____
1. no tiene el niño
2. no le va a dar pecho
3. no le ha bajado leche
4. consejo del médico: ¿Por qué? _____
5. consejo de enfermera: ¿Por qué? _____
6. la leche que tiene es sucia, rala, amarilla, espesa, mala, vieja, etc.
7. no tiene pezón/no lo agarra el niño
8. otro _____

22. Aquí en el hospital, ¿le han recomendado dar pecho?

- 1. sí
- 2. no

22. ___

¿Quién se lo recomendó?

- 1. otra madre
- 2. enfermera
- 3. médico
- 4. PROALMA
- 5. promotora de planificación
- 6. otro _____

a. ___
b. ___

23. Aquí en el hospital, ¿le han hablado cómo dar pecho?

- 1. sí
- 2. no

23. ___

a. ¿Quién le habló?

- 1. otra madre
- 2. enfermera
- 3. médico
- 4. PROALMA
- 5. Promotora de planificación
- 6. otro. Especifique _____

a.1. ___
2. ___
3. ___
4. ___
5. ___
6. ___

24. Aquí en el hospital, ¿le han enseñado a usted a dar pecho a su niño?

- 1. sí
- 2. no

24. ___

a. ¿Cómo?

- 1. enseñando cómo poner el niño
- 2. ayudando a cambiar la posición
- 3. revisando pezones y aconsejándola
- 4. sacándole leche
- 5. otro _____

a.1. ___
2. ___
3. ___
4. ___
5. ___

25. ¿Le va a dar pecho a su niño tierno?

- 1. sí
- 2. no
- 3. no sabe

25. ___

a-c. ¿Por qué?

- 1. la mejor alimentación
- 2. resistencia - más sano
- 3. apego del niño a la madre
- 4. consejo - médico
- 5. consejo - enfermera
- 6. más económico
- 7. ella va a trabajar
- 8. usa anticonceptivos orales
- 9. tiene pezones invertidos
- 10. arruina el cuerpo
- 11. otro _____

a. ___
b. ___
c. ___

26. Si va a dar pecho, ¿a los cuántos meses se lo piense quitar _____ meses. (Si diga hasta que él lo deje, marque (66)).

26. _____

a-b: ¿Por qué?

- 01. no tendrá leche suficiente
- 02. la leche no será buena
- 03. el niño ya será grande
- 04. por el trabajo
- 05. consejo médico
- 06. consejo enfermera
- 07. el niño lo dejará o no va a querer
- 08. el niño ya puede comer
- 09. costumbre, así ha hecho siempre
- 10. voy a planificar - con pastillas
- 11. otro _____

a. _____

b. _____

27. ¿Le han dado pepe aquí en el hospital?

27. _____

- 1. sí
- 2. no
- 3. no sabe

a. ¿Qué le dan en el pepe?

- 1. leche
- 2. suero
- 3. leche y suero
- 4. no sabe

a. _____

28. ¿Le va a dar pepe a su tierno?

28. _____

- 1. sí
- 2. no

a. ¿Cuándo empezará a darle pepe?

_____ semanas

a. _____

b. ¿Qué líquidos le dará en el pepe?

- 1. leche artificial
- 2. leche materna
- 3. jugo
- 4. agua, té, agua de azúcar
- 5. agua de arroz, de maicena
- 6. otro _____

b.1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

c. Cuando le dé pepe, ¿cada cuánto le dará?

c. _____

- 1. cada vez que lo pida
- 2. 1-3 veces al día
- 3. 3 veces o más al día
- 4. da vez en cuando
- 5. otro _____

d. ¿Por qué le va a dar pepe?

- 01. acostumbrarle
- 02. alimentarlo mejor
- 03. poca producción de leche materna
- 04. para salir
- 05. para trabajar
- 06. consejo médico
- 07. consejo enfermera
- 08. otro _____

d.1. ___
2. ___

29. ¿Le va a dar chupón al niño?

29. ___

1. sí 2. no

a. ¿Por qué le va a dar chupón?

a.1. ___

- 1. costumbre
- 2. es bueno para el niño
- 3. consejo médico/enfermera
- 4. consejo familiar
- 5. consejo de la partera
- 6. otro _____

2. ___

30. A los tres meses, ¿cómo espera alimentar a su niño?
¿Pecho? ¿Pepe? ¿Otros alimentos?

30. ___

- 1. sólo pecho
- 2. sólo pepe
- 3. pecho y pepe
- 4. pecho con otros alimentos
- 5. pepe con otros alimentos
- 6. pecho, pepe y otros alimentos

31. A los seis meses, ¿cómo espera alimentar a su niño?

31. ___

- 1. sólo pecho
- 2. sólo pepe
- 3. pecho y pepe
- 4. pecho con otros alimentos
- 5. pepe con otros alimentos
- 6. pecho, pepe y otros alimentos

32. Aquí en el hospital, ¿le han recomendado dar pepe?

32. ___

1. sí 2. no

a. ¿Quién se lo recomendó?

a.1. ___

- 1. otra madre
- 2. enfermera
- 3. médico
- 4. otro _____

2. ___

3. ___

4. ___

33. Aquí en el hospital, ¿le han enseñado cómo preparar pepes?

33. ___

1. sí 2. no

a. ¿Quién le enseñó?

- 1. otra madre
- 2. enfermera
- 3. médico
- 4. otro _____

a.1. ___

2. ___

3. ___

4. ___

34. Según los médicos y enfermeras, ¿se le debe dar pepe a un tierno?

1. sí 2. no 3. no sabe

34. ___

a. Según ellos, ¿cuándo se le debe dar el primer pepe a un tierno?

A las ___ semanas.

a. ___

(Cuando ella empiece a trabajar = 75)

(Mientras le baja la leche = 76)

35. Según los médicos y enfermeras, ¿se le debe dar pecho a un tierno?

1. sí 2. no

35. ___

a. Según ellos, ¿hasta los cuántos meses se le debe dar pecho a un tierno?

___ meses

(Hasta que lo deje = 66)

a. ___

36. ¿Ha recibido algún folleto sobre lactancia materna?

1. sí 2. no

36. ___

a. ¿Dónde?

- 1. Clínica/centro de salud
- 2. hospital
- 3. médico particular
- 4. personal comunitario
- 5. otro _____

a.1. ___

2. ___

37. ¿Ha oído usted sobre lactancia materna en alguna parte fuera del hospital, centro de salud o clínica privada?

1. sí 2. no

37. ___

a. ¿Dónde?

- 1. radio
- 2. televisión
- 3. periódicos/revistas
- 4. iglesia
- 5. escuela, colegio, universidad
- 6. otro _____

a. ___

b. ___

c. ___

38. ¿Cuántos años tiene usted? ___ años.

38. ___

39. ¿Vive en Tegucigalpa, San Pedro Sula?

1. sí 2. no

39. ___

a. ¿Cuántos años tiene de vivir en Tegucigalpa/San Pedro Sula

___ años

a. ___

40. ¿Cuántos años escolares completó usted? _____ años 40. _____
(6 primaria, 3 plan básico, 2 bachillerato, 3 comercio,
3 magisterio, universidad o escuela superior)

41. ¿Cuántos niños tiene? 41. _____
a. Vivos: _____ 41.a. _____
b. Muertos: _____ 41.b. _____

42. ¿Va a trabajar en los próximos seis meses? 42. _____
___ 1. sí ___ 2. no

a. ¿En qué trabajará? a. _____
___ 01. fábrica
___ 02. oficina
___ 03. tienda
___ 04. casa particular
___ 05. ambulante
___ 06. negocio adentro de su casa
___ 07. maestra
___ 08. otro

b. ¿Cuándo empezará a trabajar? _____ semanas b. _____

c. ¿Quién le cuidará al tierno? c.1. _____
___ 01. adulto, familiar
___ 02. adulto, no familiar
___ 03. niño, familiar
___ 04. niño no familiar
___ 05. ella misma, lo llevará con ella
___ 06. guardería
___ 07. otro _____

43. Si va a trabajar, ¿piensa seguir dando pecho mientras trabaja? 43. _____
___ 1. sí ___ 2. no

a. ¿Cómo piensa alimentar a su niño en su ausencia? a. _____
___ 1. sacar la leche y dejarla para dar con cuchara
___ 2. sacar la leche y dejarla para dar con pepe
___ 3. sacar la leche y dejarla hasta donde alcance
y completar con pepe
___ 4. darle leche materna y otros alimentos
___ 5. darle pepe
___ 6. darle otros alimentos
___ 7. darle pepe y otros alimentos
___ 8. darle pecho y pepe
___ 9. darle pecho, pepe y otros alimentos
___ 10. otro _____

44. ¿Le han aconsejado sobre planificación familiar?

1. sí 2. no

44. ___

a. ¿Dónde?

- 1. clínica prenatal
- 2. médico particular
- 3. enfermera
- 4. amiga/familiar
- 5. hospital - postparto
- 6. otro _____

a. ___

b. ___

45. ¿Qué método le aconsejaron para poder planificar y amamantar a su niño? (Marque todos)

- 1. pastillas
- 2. inyección
- 3. dispositivo (DIU)
- 4. lactancia materna exclusiva
- 5. condón/preservativo
- 6. ritmo
- 7. espuma
- 8. operación
- 9. otro _____

45. ___

a. ¿Cuándo le aconsejaron comenzar a planificar?

A los cuántos días _____.

a. ___

46. ¿Qué método va a usar usted mientras está dando pecho?

- 1. pastillas
- 2. inyección
- 3. dispositivo (DIU)
- 4. lactancia materna exclusiva
- 5. condón/preservativo
- 6. ritmo
- 7. espuma
- 8. operación
- 9. otro _____

46. ___

LZ/MLE