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**Progress Toward a National Breastfeeding Program
in Kazakstan:
*A Preliminary Case Study***

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Progress Toward a National Breastfeeding Program in Kazakstan: *A Preliminary Case Study*

EXECUTIVE SUMMARY

In November 1992 Wellstart International's Expanded Promotion of Breastfeeding Program (EPB) participated in a needs assessment for a seminar on maternal and child health (MCH), family planning, and breastfeeding for the Central Asian region. At the time of the assessment, breastfeeding rates in the region were declining and only a few exceptional institutions were following WHO/UNICEF's *Ten Steps to Successful Breastfeeding*. Since the MCH needs assessment in Central Asia, Wellstart International has collaborated with local institutions in Kazakstan on a series of activities that have contributed significantly to changing breastfeeding promotion throughout the republic.

With support from the U.S. Agency for International Development (USAID) Newly Independent States (NIS) Task Force, Wellstart developed a plan of assistance to disseminate information on international recommendations on breastfeeding policies and practices, gather information about the obstacles to optimal breastfeeding practices in Kazakstan, and support training and policy reforms. The breastfeeding promotion inputs provided by Wellstart EPB and Wellstart San Diego can be grouped into four principal categories: training, research, information dissemination, and technical assistance. This assistance was mainly provided from January 1993 to May 1995 and reached a great number of policymakers, healthcare professionals, researchers, and families throughout Kazakstan.

Wellstart's experience in Kazakstan illuminates the relationship between donor-assisted breastfeeding promotion activities targeted toward policymakers and resulting policy changes and locally-initiated activities. The conclusions corroborate evidence from other countries that multiple and periodic inputs aimed at policymakers lead to the development of a national breastfeeding program and that a core group of committed local professionals can initially support the development of the national program. However, their activities must eventually be diffused and sustained by increasing numbers of professionals from service delivery, training, and policy-making institutions.

Successful Strategies

- ▶ **Target senior policymakers to gain initial support for breastfeeding promotion and lactation management activities.**
- ▶ **Provide information that is technical, scientific, and credible.**
- ▶ **Involve local collaborators in all aspects of planning and implementing activities.**
- ▶ **Use every opportunity to provide materials and assistance in information dissemination.**
- ▶ **Ensure that activities build on one another.**
- ▶ **Provide opportunities to reinforce skills gained from training activities.**
- ▶ **Improve continuity, efficiency, and effectiveness of activities with donor coordination.**



It is clear that the development of a national breastfeeding program must occur in phases beginning with providing accurate information, assessing the key obstacles to breastfeeding in different regions of the country, and creating a supportive policy environment for programmatic actions. Donor assistance in policy development, training, and research continues the development of an effective and sustainable national program. Lastly, as awareness and commitment at the policy level are consolidated, efforts must extend to regional and local institutions, and to the community.

In Kazakhstan there is now a strong constituency demanding that breastfeeding promotion remain a top priority on the government's maternal and child health agenda and a significant policy reform has been achieved. There is tremendous energy and commitment to extending the activities by involving a wider circle of policymakers, health care professionals, and families. The effective involvement of donor organizations to support the continued development of a sustainable national breastfeeding program is critical at this time to capitalize on the momentum of the rapid changes achieved over the previous three years.

The scope of activities and resources required to move Kazakhstan to the next phase in their national program demands the coordinated contribution of a variety of donors with different mandates and expertise to provide the full range of required assistance. The following actions are crucial next steps in ensuring the continued development and sustainability of the national program, and donor organizations should make an effort to support them either independently, or as integrated components of broader maternal and child health activities.

- ▶ **Extend training activities to reach policymakers and service providers at the regional and local levels.**
- ▶ **Expand the UNICEF Baby-Friendly Hospital Initiative** to continue to focus the attention of regional policymakers and facility directors on the role of the formal health care system in breastfeeding promotion.
- ▶ **Develop and implement an information, education, and communications campaign** to disseminate recommendations to women about optimal breastfeeding, the risks of inappropriate infant feeding practices, resolving common breastfeeding problems, environmental risks, and how a woman's health status affect her ability to adequately nourish her infant.
- ▶ **Disseminate Wellstart EPB's qualitative and contaminants research results more widely** to dispel misperceptions about breastfeeding in general and in particular Kazakstani women's abilities to provide their babies with sufficient and safe breastmilk.
- ▶ **Foster community initiatives** to provide women with a source of information and support in dealing with breastfeeding problems after leaving the hospital or maternity center.
- ▶ **Establish a monitoring system** based on EPB national breastfeeding program indicators to track the progress of the national program and its success in affecting outcome indicators.



INTRODUCTION

In November 1992 Wellstart International's Expanded Promotion of Breastfeeding Program (EPB) participated in a needs assessment for a seminar on maternal and child health (MCH), family planning, and breastfeeding for the Central Asian region. At the time of the assessment, breastfeeding rates in the region were declining, and only a few exceptional institutions were following WHO/UNICEF's *Ten Steps to Successful Breastfeeding*. Since the MCH needs assessment in Central Asia, Wellstart International has collaborated with local institutions in Kazakhstan on a series of activities that have contributed significantly to changing breastfeeding promotion throughout the republic.

During this three-year collaboration, characterized by consistent support from Wellstart complemented by other donors, as well as the enthusiastic commitment of local counterparts, improving breastfeeding practices has been established as a top priority in maternal and child health in Kazakhstan. In a relatively brief period, local health professionals have made enormous progress toward institutionalizing the promotion of optimal breastfeeding practices in MCH services, and have laid the foundation for a national breastfeeding program.

The rapid strengthening of the role of breastfeeding in MCH services in Kazakhstan and the comprehensive approach to technical assistance provide Wellstart with an excellent opportunity to explore the relationship between activities and outcomes. This preliminary case study is an effort to illuminate the process of establishing a national breastfeeding program and to clarify the role of donor organizations in that process.

Specifically, this preliminary case study examines the relationships between the breastfeeding promotion activities, or **inputs**, provided by Wellstart over the three-year period, and the resulting policy changes, locally initiated activities, and other **outputs** that were subsequently observed. Though Wellstart was the primary provider of breastfeeding technical assistance and information over the period of this study, other donor organizations, such as UNICEF and Project HOPE, were also active in this area. Wherever possible, the outcomes of other donor activities and the synergistic effect of donor coordination will be highlighted. Using EPB national breastfeeding program indicators as a guide, the progress toward the establishment and implementation of a national breastfeeding program in Kazakhstan is then discussed and related to the inputs and outputs.

From July to August 1995, in-depth interviews were conducted with key professionals involved in breastfeeding promotion activities in Kazakhstan. From these interviews, it was possible to map out the principal breastfeeding inputs and outputs over the three-year period. An effort was made to determine how the composition and timing of the package of training, technical assistance, research, and materials provided by Wellstart EPB and Wellstart International's Lactation Management Education (LME) Program contributed to each of the outputs and ultimately to overall progress toward a national breastfeeding program.

The general conclusions of this preliminary case study corroborate evidence from other countries that: (1) multiple and periodic inputs aimed at policymakers lead to the development of a national breastfeeding program; and, (2) a core group of committed local professionals can initially support the development of the national program, but their activities must eventually be diffused and sustained by increasing numbers of professionals from service delivery, training, and policy-making institutions.

Specifically, the following aspects of Wellstart assistance appear to be most important in supporting efforts toward establishing a national breastfeeding program.

- ▶ **Information was of a technical and scientific nature, which increased the credibility and power of the activities.**



- ▶ **Local collaborators were involved in all aspects of planning and implementing training, research, and information dissemination activities.**
- ▶ **Materials and assistance in disseminating information were provided at every opportunity.**
- ▶ **Continuity of assistance was enhanced by coordination with other donors.**

The key obstacles to establishing and implementing a national breastfeeding program in Kazakhstan, which must be addressed in future activities, include:

- ▶ **A severe lack of government funding for all health activities.**
- ▶ **The need for formal decrees issued by the Ministry of Health (MOH), which must pass through elaborate bureaucratic channels, to enact any substantial changes in service delivery.**
- ▶ **Concentration of training and education on senior specialists rather than district and community-level service providers.**
- ▶ **Shortage of training and educational materials.**
- ▶ **Lack of a democratic and participatory tradition in the provision of health care.** This prevents mothers from making informed decisions about their infant feeding practices, and creates obstacles for obtaining help when breastfeeding problems arise.

The assistance provided by Wellstart has been instrumental in focusing the attention of key policymakers on the important place that breastfeeding promotion has in any program to reduce infant and child mortality. In addition, Wellstart assistance has succeeded in mobilizing a core group of local breastfeeding activists and providing them with information through training and research activities that allows them to take the lead in large-scale policy changes that support breastfeeding.

Assistance in policy development and research, however, is only one stage in the continuum of activities in the development of an effective and sustainable national breastfeeding program. Extending the activities beyond central-level policymakers and the core group of local breastfeeding advocates requires diverse assistance and significant resources. Training activities need to be extended to regional and local-level policymakers and medical professionals, and broad-based educational campaigns must be implemented to provide accessible information to women and families. The coordinated contribution of a variety of donors with different mandates and expertise to provide the full range of required assistance will be crucial in moving to the next phase of development of the national breastfeeding program in Kazakhstan.

INPUTS AND OUTPUTS

At the time that the needs assessment was conducted in November 1992 for the MCH conference in Almaty, breastfeeding rates in Kazakhstan were on the decline, and practices were far from optimal. In 1992 it was reported that breastfeeding was initiated with 90% of infants, 72% were breastfed until four months of age, and only 18% until six months of age.¹ Breastmilk substitutes were widely available at no charge in health centers and milk kitchens, and the early introduction of supplements was widely practiced.

Optimal breastfeeding has been undermined by policies and practices in the health care system, and mothers' perceptions about their own poor health and inability to adequately nourish their babies. The



needs assessment revealed that perinatal services in virtually all maternity centers inhibited rather than supported optimal breastfeeding practices. The initiation of breastfeeding is typically delayed until two hours after birth, breastfeeding follows a strict schedule, all infants are routinely bottle fed glucose water between breastfeeds, and infants are not with their mothers 24 hours per day. In addition, premature and low birth weight babies are bottle fed a local fermented milk beverage rather than breastmilk. Though these practices contradict WHO/UNICEF's *Ten Steps to Successful Breastfeeding*, they were institutionalized by national decrees from the former Soviet MOH.

With support from the U.S. Agency for International Development (USAID) Newly Independent States (NIS) Task Force, Wellstart developed a plan of assistance to disseminate information on international recommendations on breastfeeding policies and practices, gather information about the obstacles to optimal breastfeeding practices in Kazakhstan, and support training and policy reform. The breastfeeding promotion inputs provided by Wellstart EPB and Wellstart San Diego can be grouped into four principal categories: training, research, information dissemination, and technical assistance. These inputs were mainly provided over the period January 1993 to May 1995, and reached a great number of policymakers, health care professionals, researchers, and families throughout Kazakhstan. The following is an approximate timeline of the principal inputs. A description of the outputs that directly resulted from each input is provided wherever it is possible to establish such a direct link.

Input #1: Central Asian Regional Seminar on Maternal and Child Health
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In January 1993, USAID sponsored a regional conference, coordinated by Wellstart EPB, to give technical updates in the areas of family planning, MCH, and breastfeeding. The conference was also an opportunity to identify key issues related to high infant and maternal mortality in the Central Asian region. Over 140 senior professionals from throughout Central Asia (22 from Kazakhstan) participated in this five-day conference.

Key Outputs:

- (1) Consensus among senior policymakers and health care professionals of the importance of breastfeeding in programs to reduce child and maternal mortality.**
- (2) Acceptance by senior health care professionals of technical information about breastfeeding that contradicted their own established recommendations and protocols.**

The conference revealed widespread misperceptions and misinformation about breastfeeding. Several of the professionals interviewed credited the seminar with changing their own views, as well as those of many of their colleagues, about both the technical and programmatic aspects of breastfeeding promotion. Dr. Tamara Paltusheva, formerly the MOH Deputy Chief of MCH, commented, "The significance of the seminar was that everyone was shocked that what they had been doing before was *against* breastfeeding. The seminar made a great impression and opinions were changed."

The information about breastfeeding presented at the seminar contradicted many of the recommendations and hospital protocols established and enforced during the Soviet period that continue on into the present. For example, the Soviet-era protocols specify that the initiation of breastfeeding be delayed until two hours after birth, that infants should be fed on a fixed schedule instead of on demand, and that boiled water and other weaning foods should be introduced at an early age, all of which directly contradict current internationally-accepted recommendations. Therefore, it was extremely important that the new information was introduced in a formal, high-level forum to gain credibility and support. The senior professional stature of the presenters as well as the participants was instrumental in gaining widespread acceptance of the new information.



Dr. Tamara Chuvakova, the Chief Neonatologist for the MOH in Kazakstan and a leading breastfeeding advocate, found that the work she had done to change policies and practices to support breastfeeding was assisted immensely by the conference. She commented, "When local professionals gave recommendations, people doubted them, but they believed the international experts. Though breastfeeding is a natural practice, when the technical points emerged at the conference, everyone realized it is not so simple."

(3) Identification and strengthening of a core group of professionals committed to breastfeeding promotion.

A core group of individuals committed to breastfeeding promotion emerged from the conference and took immediate actions to strengthen the role of breastfeeding in their respective institutions. This group has remained the central force behind initiating and sustaining all subsequent activities and policy changes in Kazakstan.

(4) Replica seminars at the district [oblast] level.

Following the MCH conference, a series of replica seminars were conducted both in Almaty and at the oblast level for a wide variety of professional groups. These seminars served to disseminate information to policymakers, service providers, and training institutions, correcting misperceptions about the physiology of lactation and the promotion of optimal breastfeeding practices. In addition, materials from the conference were summarized and distributed to MCH institutions throughout the republic.

(5) Institutional changes in support of breastfeeding.

Following the conference, several participants enacted immediate organizational changes in support of breastfeeding in their respective institutions. Dr. Tamara Chuvakova initiated immediate post-delivery breastfeeding and optional rooming-in at the Republican Institute for the Protection of Maternal and Child Health. Participants from the Almaty City Health Department immediately instituted rooming-in at all seven maternity centers in the capital.

(6) Identification of principal obstacles to breastfeeding.

The conference served to identify two key obstacles to optimal breastfeeding practices in Kazakstan: perceptions of a high incidence of insufficient milk among lactating women, and concern about environmental contaminants in breastmilk. Wellstart subsequently designed research activities to provide qualitative and quantitative information and programmatic recommendations to address these issues.

Input #2: Lactation Management Education

The main component of Wellstart's training activities has been in the form of lactation management education, provided by Wellstart LME for four professionals active in Kazakstan's breastfeeding promotion activities.² Two professionals from the MOH and two from the Institute of Nutrition received one month of comprehensive training in all aspects of lactation management at Wellstart LME in San Diego in September 1993. Funding for the training was received because of the successes of the Almaty MCH conference and was supported by participant training funds provided through USAID/Almaty.

The Wellstart Associates feel that the timing of the LME training was crucial because much momentum and enthusiasm for breastfeeding promotion was generated at the MCH conference. The LME course gave the Associates materials and a format for training additional professionals and disseminating the



technical information at a time when demand for this information was very high. As one respondent described it, the seminar gave the background and stimulated interest, then participation in the LME program provided concrete knowledge, recommendations, and methodologies for action.

Key Outputs:

(1) National Breastfeeding Plan.

As part of the LME training course, the Wellstart Associates worked to finalize a plan of action for breastfeeding activities in Kazakhstan that has served as a guide for new initiatives. Initial development of the plan was done with assistance from Wellstart consultant Susan Welsby immediately following the Almaty Conference. The plan outlines organizational mechanisms and specific targets for such objectives as increasing the proportion of health care specialists trained in the practical aspects of breastfeeding, incorporating breastfeeding into the curricula of medical institutes, changing hospital practices surrounding birth to support breastfeeding, and increasing knowledge about the advantages and technical aspects of breastfeeding among pregnant and lactating women.

The National Breastfeeding Plan is currently undergoing revisions to incorporate new information from the recent Demographic and Health Survey (DHS), and thus has not yet been finalized. However, although the Plan has not yet been formally presented and implemented, it has been endorsed and followed to some extent by the MOH. The plan will also serve as the set of guidelines for the breastfeeding committee of the newly established Nutrition Policy Council.

(2) Breastfeeding Promotion Laboratory at the Institute of Nutrition.

The National Breastfeeding Plan made provisions for a breastfeeding center to serve as a resource for information and training on breastfeeding issues. The Breastfeeding Laboratory of the Institute of Nutrition was created to fill this training and consultative role. Wellstart Associate Shamil Tazhibayev is the chief of this newly created department of the Institute of Nutrition, and Wellstart Associate Gulnara Semenova is the leading scientific officer. The Breastfeeding Laboratory coordinates with other institutions in Kazakhstan on breastfeeding information and policy by providing technical input and training. In addition, the laboratory has initiated research on breastfeeding practices in Kazakhstan, and has collaborated with international organizations on breastfeeding components of major research projects, including DHS, Wellstart EPB research activities, and the WHO Multicenter Study on Nutritional Assessment of Women of Reproductive Age.

(3) Lactation Management Education Course for medical specialists.

After the professionals returned from the LME training in San Diego, a Lactation Management Education Course was established in the Kazak State Institute of Postgraduate Education for Physicians. Two of the Wellstart LME Associates are the lecturers for this course. To date a total of 64 obstetricians and pediatricians have attended the eighteen-hour program, 77 have attended the two-week program, and over 300 specialists have attended the three-week program. Until recently, nearly all of the professionals trained have been from the capital. With the support of UNICEF, however, a major expansion of the Kazak lactation management education course is planned for the upcoming year, with ten new three-week courses planned, five to six of which will be held at the oblast level.

(4) Adoption of WHO/UNICEF's *Ten Steps to Successful Breastfeeding*.

The Wellstart Associates continued to implement changes in support of breastfeeding in their own institutions, which are gradually being replicated in other MCH institutions throughout the country. Wellstart Associate Dr. Tamara Chuvakova has instituted almost all of the ten steps at the Almaty City



Perinatal Center, which has completed the training seminar in preparation for baby-friendly designation. Dr. Chuvakova holds daily meetings with her staff to verify that each newborn is exposed to optimal conditions to promote and facilitate breastfeeding. Gulnara Semenova and her colleagues at the Institute of Nutrition's Breastfeeding Laboratory have initiated direct consultations with pregnant and lactating mothers in six polyclinics and maternity centers. These direct consultations were started as part of a plan to establish breastfeeding consultation rooms in each children's polyclinic. The first consultation rooms recently opened in Maternity Center #7 and the Phrunzensky District Children's Clinic and Women's Consultancy.

The institutional changes initiated by the Wellstart Associates have been replicated by other MCH institutions. With the support and assistance of UNICEF, this has led eight maternity centers in five regions to begin the process for obtaining WHO/UNICEF baby-friendly hospital designation.³ Assistance from Mary Kroeger of Project HOPE was instrumental in initiating the process and completing the required local assessments in maternity centers in Kulsari and Atarau.

(5) Training seminars and lectures for several hundred health care providers conducted by the Wellstart Associates.

In addition to the LME course, Wellstart Associates have presented dozens of lectures to health care providers and students on the technical and programmatic aspects of promoting optimal breastfeeding practices. Dr. Tamara Chuvakova has lectured extensively throughout Kazakstan, using Wellstart materials that she has adapted to the specific issues and problems confronting local policymakers and service providers. Dr. Chuvakova has presented a total of sixteen formal courses and lectures to approximately 428 neonatologists, obstetricians, and pediatricians.

Dr. Chuvakova and her staff at the Kazak State Institute for Post-Graduate Training of Doctors conducted nine one- to two-month training cycles in Almaty and three at the oblast level on the theoretical and practical foundations of breastfeeding, reaching 198 medical professionals. She incorporated segments on breastfeeding topics into six UNICEF seminars in four oblasts on the control of diarrheal disease (CDD) and acute respiratory infection (ARI). These seminars reached a total of 230 medical professionals.

Dr. Chuvakova routinely travels to the district-level hospitals and maternity centers to provide information and observe their progress in making institutional changes. On several occasions, Dr. Chuvakova has been interviewed on local television about the benefits of breastfeeding. All of the Wellstart Associates take every opportunity to provide information to health care specialists and students, and have reached innumerable professionals with their efforts.

In some instances, doctors in regional hospitals who have had the benefit of training and information dissemination activities have initiated efforts to train their staff to support breastfeeding. In the cities of Karaganda and Pavlodar, the chief neonatologists, pediatricians, and gynecologists have become committed to the promotion of breastfeeding, and have initiated their own training seminars, and have taken preliminary steps to obtain baby-friendly designation.

(6) A formal decree from the MOH requiring the promotion of breastfeeding in MCH facilities.

Given the hierarchical structure of health care in Kazakstan, a precursor to complete and successful implementation of a national breastfeeding program is a decree that mandates changes in service delivery protocols. One of the outputs following the LME training was the issuance of such a decree for Almaty MCH centers [please see Annex III]. A comprehensive decree revising protocols for all aspects of perinatal care for the entire republic is currently in progress at the MOH. The Wellstart Associates have drafted the technical guidelines for those parts of the decree that directly affect lactation management and



birthing practices. This decree clearly identifies breastfeeding promotion as essential to the program for reducing infant mortality, and provides specific guidelines for perinatal care and breastfeeding counseling prior to discharge. This decree is in the final stages of approval, and should be issued in the very near future.

The technical component of the decree draws extensively on recommendations by Wellstart and WHO/UNICEF regarding hospital practices and policies to create an optimal environment to support breastfeeding. The decree specifies initiation of breastfeeding immediately after birth, rooming-in, on-demand and night breastfeeding, and individual consultations with each mother prior to discharge about breastfeeding and general infant care. The technical recommendations also state that breastfeeding of infants that are premature, ill, or delivered by cesarean section must be encouraged, and if the infant cannot be breastfed, only expressed breastmilk should be given.

There is a section of the decree that outlines the specific advice that each mother should be given in the breastfeeding consultation prior to discharge from the hospital. This advice includes exclusive breastfeeding on demand and avoiding the use of bottles and pacifiers. The recommendations do not, however, explicitly include instructions about when liquids and solids should be introduced, or how mothers may resolve common breastfeeding problems.

In anticipation of the decree, the technical recommendations have been distributed to medical professionals throughout Kazakstan. Some facility directors have demonstrated great enthusiasm and have already begun to implement changes. The regional chief of the oblast health care department in Zheskazgan was concerned with child mortality in his region and decided that a breastfeeding program could have a real impact. Since implementing the program, he has reported reductions in infectious diseases among infants and children. He spoke spiritedly about the efforts required to implement a breastfeeding program and the results in his region at an official meeting with directors of medical institutions in February 1995.

(7) Participation of Wellstart Associates in international seminars and conferences addressing topics in breastfeeding.

Wellstart Associates have been extremely active in participating in and contributing to international conferences and training seminars on maternal and child health. Wellstart Associate Gulnara Semenova presented a segment on maternal nutrition and breastfeeding at the WHO Workshop on Rapid Nutritional Assessment Methodology in Kazakstan in January 1994. Three Wellstart Associates attended a four-week training course from August to September 1994 on priorities in maternal and child health that was held by the Center for International Community Health Studies at the University of Connecticut. Gulnara Semenova served as a faculty member for this course.

Shamil Tazhibayev attended the UNICEF Conference in Ankara, Turkey in August 1994. Two papers, one on breastfeeding in Kazakstan, and another on diarrheal disease/oral rehydration were prepared for the conference by Wellstart Associates Dr. Tamara Paltusheva and Dr. Tamara Chuvakova. Dr. Gulnara Semenova served as facilitator/faculty at the WHO/Europe Baby-Friendly Hospital Workshop in Murmansk, Russia in September 1994, and Dr. Chuvakova was sponsored by UNICEF to make a presentation on breastfeeding at the International Pediatrics Conference in Cairo in September 1995.

Input #3: Qualitative Research on Breastfeeding

As discussed above, the Regional Seminar on MCH identified perceptions of insufficient milk as one of the major barriers to optimal breastfeeding practices in Kazakstan. To provide more complete



information about this concern, EPB conducted a qualitative study on infant feeding practices in March-April 1994 to serve as a basis for formulating policy, revising curricula and training programs, and developing a communications strategy. This research not only provided breastfeeding advocates in Kazakstan with updated information about prevailing attitudes and practices regarding breastfeeding, but also served to train a team of health professionals in qualitative research techniques that they will be able to use to periodically monitor the impact of their breastfeeding program. The qualitative research methodology has been replicated in Uzbekistan, with the support of UNICEF, by two Wellstart Associates who were members of the local research team.

Key Outputs:

(1) A group of professionals gained skills in the use of qualitative research methods.

Six professionals from the MOH, the Institute of Nutrition, and the House of Health participated on the research team and were trained in qualitative research techniques. The team took part in a three-day formal training seminar, then received continued training through field supervision during the early stages of the field work. The team participated in four weeks of data collection and analysis.

(2) Use of qualitative research in training seminars and lectures.

The information provided by this research has been incorporated into the lectures and seminars given by the professionals involved in the study. The information is reported to be very well received during lectures, and has tremendous credibility because it was carried out in a systematic way, and by researchers from the U.S. It is anticipated that the results of the study will be incorporated into curriculum revisions that are part of the National Breastfeeding Plan.

(3) Replication of the qualitative methodology by local collaborators.

In a project funded by UNICEF, Wellstart Associates Gulnara Semenova and Shamil Tazhibayev replicated the qualitative study to gather information on breastfeeding practices in Uzbekistan.

Input #4: Breastmilk Contaminants Research

The other principal obstacle to optimal breastfeeding practices identified at the MCH Seminar was widespread concern about environmental contamination of breastmilk. To provide information about the actual risks of contaminated breastmilk relative to the known risks of sub-optimal breastfeeding practices, EPB conducted a detailed study of the level of environmental toxins in breastmilk, weaning foods, adult foods, water, and soil.

Data for the contaminants research were collected in two phases. In Phase I, samples were collected in February-March 1994 from regions at risk of exposure to high levels of chlorinated contaminants because of industrial development and agricultural practices. Samples were collected in March 1995 for Phase II in regions at risk of contamination with heavy metals and radionuclides. The study also included a questionnaire to determine infant feeding practices and to evaluate the mother's risk of exposure to contaminants. The samples from Phase I have been thoroughly analyzed, and a dissemination plan for the results is currently being implemented. The infant feeding practices data have been analyzed and were disseminated to local collaborators in June 1994.

The following are the key outputs from the research to date, though it is anticipated that the dissemination of the results will lead to many more outputs, particularly the ability of health professionals in Kazakstan



to discuss concerns about breastmilk contamination from more of a perspective of knowledge rather than fear.

Key Outputs:

- (1) **Quantitative information about infant feeding practices has been incorporated into lectures and seminars on breastfeeding.**

The infant feeding practices portion of the study has provided local collaborators with quantitative information on such issues as the timing of introduction of certain weaning foods and the duration of breastfeeding in the study areas. Though the infant feeding practices data is not based on a representative sample, it has been useful for illustrative purposes in seminars and other training activities. Both the MOH and the Institute of Nutrition collaborators have copies of the complete infant feeding practices data set and are able to analyze it for their own policy purposes following Wellstart EPB training in the software EPI INFO and basic data analysis [please see Input #5 below].

- (2) **A group of professionals were trained in sample collection and questionnaire implementation.**

During Phase I, twelve professionals from the MOH and the Institute of Nutrition were trained in the protocol for sample collection and implementation of the infant feeding practices and risk assessment questionnaires. The local team participated in data collection at all of the study sites. Many of the same team members were able to participate in data collection during Phase II, thereby reinforcing the skills acquired during Phase I.

- (3) **The practice of "informed consent" was introduced in study sites.**

During both phases of data collection, the research team explained the purpose of the research and the procedure to participating women and asked them to complete a form acknowledging informed consent. As EPB researchers noted in their trip report from Phase I, "This was a new concept for the MOH team. Informing mothers, educating them about the issues explored in the research, guiding them to informed personal choice, and assisting health officials to define their own responsibility for educating women and allowing them to choose was a remarkable example of democratization in action."⁴

Input #5: Training in Software and Data Analysis

As a follow-up activity to the breastmilk contaminants research, local participants on the research team were trained in the statistical and database software package EPI INFO, and specifically in the analysis of the infant feeding practices portion of the breastmilk contaminants data. As interest in the computer training spread beyond the research team, 25 professionals from the MCH Division of the MOH and the Institute of Nutrition received this training in the use of microcomputers in health and nutrition research and program monitoring.

Key Outputs:

- (1) **Senior professionals gained awareness and interest in the use of personal computers to facilitate program management and research activities.**

The training included both senior-level policymakers, as well as researchers and program implementers. By including decision makers in the training, interest was generated in the use of personal computers by

these institutions to facilitate their work and to empower their programs by gaining control over their data. Dr. Tamara Paltusheva, Wellstart Associate and former Deputy Chief of MCH of the MOH, commented that for the first time she could see how computers could make her work simpler instead of adding to her work.

(2) Three local professionals took over responsibility for entering and analyzing data from a breastfeeding practices study conducted by the Institute of Nutrition.

As a result of the training in EPI INFO and data analysis, three professionals from the Institute of Nutrition worked with an EPB consultant to design a data entry program and analysis plan for a breastfeeding practices study conducted by Gulnara Semenova. The team began entering the data and completing initial analysis with the technical assistance of the EPB consultant.

(3) Participation in data entry and management for Phase II of the breastmilk contaminants research.

The local professionals who completed the computer training were able to actively participate in data collection, entry, and analysis during Phase II of EPB's breastmilk contaminants research. Their participation in all aspects of the study strengthened their computer and data analysis skills and allowed them greater immediate access to the data.

Input #6: LME Follow-up Technical Assistance

In October-November 1994, three Wellstart consultants traveled to Central Asia to provide follow-up technical assistance for Wellstart Associates. The team spent approximately one week with the four Wellstart Associates in Kazakstan, providing information and assessing the status of breastfeeding activities. The team, which included one nurse-midwife and two pediatricians, took the opportunity to conduct clinical rounds at two maternity centers, demonstrating several new, more mother-baby centered labor and delivery techniques. In addition, three seminars were presented by Wellstart consultants on breastfeeding and perinatal care practices, one in Almaty and two in the nearby regions of Jhambul and Isaak.

Key Outputs:

(1) Newspaper coverage of mother-baby centered delivery.

Following the clinical rounds of Wellstart Consultants in Maternity Hospital #3 in Almaty, the chief of the maternity center arranged for a more mother-baby centered delivery to be covered in its entirety by a local newspaper. The patient's husband was invited into the delivery room and the infant was put to the mother's breast immediately after delivery. The event generated a great deal of interest among patients and other physicians.

Input #7: Dissemination of Information and Materials

During the three-year period of collaboration in Kazakstan, Wellstart used every opportunity to provide updated technical information to Wellstart Associates, as well as health professionals, policymakers, and families. While carrying out the primary activities, Wellstart representatives distributed materials, presented lectures or provided interviews for mass media to exponentially increase the impact of every



input. The following are some examples of how Wellstart incorporated the dissemination of technical information about breastfeeding into all of the inputs:

- (1) While one Wellstart affiliate was in Kazakstan to participate in the WHO Workshop on Rapid Nutritional Assessment Methodology, educational materials and publications were distributed to local Wellstart Associates.
- (2) During the planning visit for the qualitative research on breastfeeding, Wellstart consultants conducted a two-hour symposium for physicians on technical and programmatic aspects of breastfeeding promotion. In addition, information sheets on breastfeeding were translated and distributed to MCH facilities.
- (3) During training in software and data analysis, the collaborating institutions were provided with Russian language versions of EPI INFO software and manuals.
- (4) During the LME follow-up visit, one breastfeeding seminar was conducted for 35 specialists in Almaty, and two seminars for 50 specialists were presented in nearby regions.
- (5) During Phase II of data collection for the breastmilk contaminants research, the following information dissemination activities were undertaken:
 - ▶ Russian language versions of Felicity Savage-King's *Helping Mothers to Breastfeed* and *Contraceptive Technology* (Hatcher, et al.) were distributed to participating health facilities, and master copies were left with the MOH.
 - ▶ 115 participating women received written information on optimal breastfeeding practices.
 - ▶ Drs. Lutter and Chuvakova were interviewed about breastfeeding on local television in Aktau and Aktyubinsk.
 - ▶ Drs. Lutter and Chuvakova conducted a two-hour seminar on breastfeeding in Aktyubinsk for 100 physicians.



STATUS OF THE NATIONAL BREASTFEEDING PROGRAM

Significant progress has been made over the previous three years toward establishing a viable, sustainable national breastfeeding program in Kazakstan. The following is a discussion of the current status of four key aspects of a such a national program: policy, training, information/communication/education (IEC), and community level services.

Policy

Prior to the MCH conference in 1993, the breastfeeding policy that existed in Kazakstan was in the form of decrees governing hospital practices, most of which contradicted internationally established recommendations. Breastfeeding was not explicitly treated as a component of maternal and child health promotion. Since 1993, there has been a strong movement toward emphasizing the promotion of breastfeeding as an integral part of programs to reduce infant and child mortality, and it is recognized that specific policy and programmatic actions are necessary to create an optimal environment for improving breastfeeding practices. Several important steps have been taken toward establishing an explicit breastfeeding promotion policy in Kazakstan:

National breastfeeding protection decree

As discussed in the preceding section, a national decree has been drafted, and will soon be issued, that provides specific technical recommendations and protocols for perinatal care that support and encourage optimal breastfeeding. The decree also clearly establishes breastfeeding as a key aspect of programs to reduce infant mortality. The document as it is currently worded states strongly that "the present strategy to reduce the infant mortality rate (immunization, oral rehydration, prophylaxis of respiratory infections) in the country will not give the expected effects without program implementation of the protection and promotion of breastfeeding."

Endorsement of the National Breastfeeding Plan by the MOH

The MOH has endorsed the National Breastfeeding Plan drafted by the Wellstart Associates. The issue of funding, however, is less clear. There was no funding allocated to the implementation of the Plan during 1995, though at least partial funding is expected in 1996. There has been a critical lack of funds for all MOH activities. Though breastfeeding is clearly a priority in the Department of MCH, it is likely that the MCH Department will not have adequate funding for any of its activities, including the breastfeeding plan.

Breastfeeding Committee on the National Nutrition Policy Council

There is a breastfeeding committee on the Nutrition Policy Council that will be responsible for recommendations for breastfeeding policy and integrating breastfeeding into other aspects of the food and nutrition policy issues taken up by the Council. As this Council is new, however, it is not yet clear how influential it will be in generating policy changes. The funding of the Council is planned to begin next year, but funding levels are not at all certain.

Expansion of institutions seeking baby-friendly hospital designation

As discussed above, there are currently eight MCH institutions at various stages of obtaining baby-friendly designation, and several other regional facilities that plan to initiate the process within the next year. UNICEF would like to see an increase in the pace of expansion of the BFHI, but that will be constrained by budgetary limitations and the relatively small number of individuals currently capable of carrying out baby-friendly assessments and training seminars.



International Code of Marketing Breastmilk Substitutes

Little progress has been made to enact and enforce the WHO *International Code of Marketing Breast-milk Substitutes*. From casual observation of various outlets in Almaty, the relatively few brands of breastmilk substitutes that are imported from Western countries are complying with labeling requirements [clear statements that breastmilk is best and no pictures of infants on the label]. These brands are quite expensive and would not be feasible options for most families in Kazakstan. There was no evidence of donations or free samples, but the opportunity was not available to systematically collect this information.

At this time, it appears that the most urgent threat comes from breastmilk substitutes that are manufactured locally in the former Soviet Union. These formulas are frequently not adapted or of poor quality, are much cheaper than imported brands, do not comply with labeling and advertising requirements, and are often supplied free to maternity centers and hospitals. The recent removal of a brand of formula manufactured in Uzbekistan from the market in Kazakstan due to reports of contamination is one example of the risk of poor quality control among easily accessible, locally produced breastmilk substitutes.

Training

As a result of the MCH conference and subsequent Wellstart assistance, great progress has been made in creating awareness that breastfeeding promotion does require specific technical information that must be provided to health practitioners through adequate training programs. Training activities have reached hundreds of professionals in Kazakstan, but these activities have not extended much beyond Almaty oblast, and have concentrated mostly on senior specialists. All of the interviews revealed a concern that training activities have not resulted in changes in practices because of the lack of MOH decree mandating changes, and because local service providers have not been trained. There is widespread agreement that training needs to be followed up with resources and staff necessary to implement breastfeeding activities, as well as technical support and supervision to ensure that the knowledge is accurately and consistently put into practice.

As discussed above, there are plans to extend the LME course to professionals at the oblast level, with the support of UNICEF. UNICEF also plans to finance a baseline study of knowledge and practices among health care providers throughout the country to monitor the impact of the training.

Information, Communication, Education

Prior to the MCH conference in 1992, breastfeeding was regarded by senior health professionals and policymakers as a natural phenomenon that required no specific information or interventions. The assistance provided by Wellstart has created awareness of the importance of accurate and appropriate information accessible to both health workers and families. The MCH conference and Wellstart's research activities have identified the most critical misperceptions about breastfeeding that must be targeted by IEC campaigns.

Dissemination of information has not progressed, however, much beyond the level of senior professionals in the form of policy documents, technical articles, and participation in international seminars and conferences. Very few materials have been distributed to local-level physicians, and virtually no educational materials are available for pregnant and lactating women. UNICEF has discussed plans to develop an IEC program, including a poster and possibly a television campaign.

The only information being provided directly to women is in the form of direct counseling of mothers at six sites in Almaty by breastfeeding professionals from the Breastfeeding Laboratory of the Institute of Nutrition. Breastfeeding consultation rooms recently opened in one maternity center and one oblast-

level children's polyclinic, and there are plans to eventually establish consultation rooms in every children's polyclinic in the republic. In addition, the national breastfeeding decree requires that every mother receive a consultation about breastfeeding after giving birth in a hospital or maternity center. To meet the staffing requirements of these plans, many more service providers will have to be adequately trained to provide assistance and accurate information about breastfeeding.

Community-Level Services

There is no evidence at this time of community activities to support breastfeeding women once they leave the hospital. As discussed above, although the technical recommendations of the breastfeeding promotion decree require that each woman receive counseling on breastfeeding prior to discharge from the hospital, the content of this counseling does not include advice about how to resolve breastfeeding problems or where to find support and assistance after discharge. There do not appear to be specific plans for expanding these activities in the immediate future, though as more hospitals begin fulfilling WHO/UNICEF's *Ten Steps to Successful Breastfeeding*, it is anticipated that greater emphasis will be placed on forming mother support groups.

CONCLUSIONS AND FUTURE DIRECTIONS

Conclusions

Prior to the MCH conference in January 1993, breastfeeding rates in Kazakstan were declining, and the policies of the health care system inhibited rather than encouraged optimal breastfeeding practices. There were widespread misperceptions and misinformation about what constitutes optimal breastfeeding, and information regarding its importance in reducing infant and child mortality and child spacing was non-existent. There was also very little awareness of the role of the health care system in promoting optimal practices. Breastfeeding was regarded as a natural phenomenon that does not require specific technical information or interventions.

The process of bringing about significant improvements in breastfeeding practices is a long and complicated one. The first step is generating awareness and mobilizing resources to create a policy environment that is supportive of programmatic efforts. This is particularly true in Kazakstan, where the health care system is extremely hierarchical, and health professionals are accustomed to working under strict protocols decreed at the central level, with little incentive to initiate innovative practices and programs. The three-year period of Wellstart assistance has contributed to a tremendous level of dialogue and activity at the policy level, and as a result, breastfeeding promotion has been placed high on the maternal and child health policy agenda. This interest has filtered down to local policymakers and health care providers. As Dr. Paltusheva described it, "The work of physicians and clinics has become more lively. There is now a great deal of discussion about breastfeeding and appropriate recommendations."

The National Breastfeeding Program in Kazakstan is a now visible, functioning movement that enjoys high-level support and commitment at the MOH and influential MCH institutions in Almaty. This program has thrived on the energy and dedication of a relatively small core group of individuals who have carefully utilized all of the resources available to them to reach increasing numbers of policymakers, facility directors, health care providers, and families. The challenge at this time is to move to the next stage beyond raising awareness and providing technical information to high level specialists. Understanding the successful aspects of technical assistance up to this point will help donors continue to plan effective activities for the next phase of development of Kazakstan's national breastfeeding program.

The rapid progress that has been made in raising awareness about the importance of breastfeeding in the reduction of infant mortality, and in taking significant steps toward establishing and implementing a



national breastfeeding program in Kazakhstan can be attributed to several key factors. These factors are related both to the circumstances in Kazakhstan and to the nature of the technical assistance over the previous three years.

At the time of the MCH seminar in January 1993, a core group of local professionals already existed that was knowledgeable about and committed to breastfeeding promotion. The conference and subsequent LME training in San Diego fortified the knowledge and commitment of this group and provided them with a formal framework for their activities.

An important characteristic of this group of professionals is that they represent a range of institutions crucial to the different aspects of a national program, including the policy level of the MOH, the leading nutrition research institution, and a prestigious maternity facility. This allowed the initial activities to have a broad-based impact, which seems to have contributed to the continued strength of the program.

Another aspect of the situation in Kazakhstan that has been conducive to the rapid initiation of breastfeeding promotion activities is the highly developed medical education and training infrastructure. It has been possible to attach breastfeeding modules to existing seminars and refresher courses without incurring substantial additional costs.

Given the nature of the environment in Kazakhstan, several important characteristics of donor activities were found to be particularly effective in encouraging and supporting the nascent breastfeeding program:

- (1) Activities were initiated with a high visibility conference that included key policymakers and representatives from internationally known public health organizations. The scientific nature and credibility of the information presented at this conference was crucial to enlisting the support of influential local policymakers.
- (2) Every attempt was made to involve local collaborators in all aspects of planning and implementing training, research, and information dissemination activities. With this approach, local needs were more likely to be met, and a wider range of skills and information were transferred.
- (3) Materials and assistance in disseminating information were provided at every opportunity. A major obstacle to all health promotion activities in Kazakhstan is the difficulty and expense of obtaining and reproducing materials. Wellstart was able to make important technical information and training materials more readily available, though there is still a tremendous shortage and widespread distribution has not been adequately accomplished.
- (4) The timing and comprehensive nature of assistance capitalized on the momentum and enthusiasm generated at the conference, and provided opportunities to gradually build and diversify the skills of counterparts.
- (5) The continuity of assistance was enhanced by coordination with other donors. Examples of such coordination include the breastfeeding modules, added to UNICEF ARI and CDD training seminars using Wellstart materials, and the qualitative study of breastfeeding practices in Uzbekistan, sponsored by UNICEF using the methodology and members of the research team from Wellstart EPB's qualitative research in Kazakhstan. In addition, Project HOPE has used the momentum of their activities to promote expansion of the BFHI.



Future Directions

The development of a national breastfeeding program is a continuous process that requires a wide range of activities and the involvement of policymakers, health care providers, community leaders, and families. The mobilization of a core group of advocates and provision of a framework for enacting policy change are the first steps in the continuum of activities and assistance that can be contributed by donor organizations. As awareness and commitment at the policy level are consolidated, however, efforts must extend to regional and local institutions, and to the community level.

In Kazakhstan, there is now a strong constituency demanding that breastfeeding promotion remain a top priority on the government's maternal and child health agenda. There is tremendous energy and commitment to extending the activities and involving a wider circle of policymakers, health care professionals, and families. The effective involvement of donor organizations to support the continued development of a sustainable national breastfeeding program is critical at this time to capitalize on the momentum of the rapid changes over the previous three years.

The following actions are crucial next steps in ensuring the continued development and sustainability of the national program, and donor organizations should make an effort to support them either independently, or as integrated components of broader maternal and child health activities.

- (1) **Extend training activities to reach policymakers and service providers at the regional and local levels.** Training activities have been limited by the availability and geographic location of the small group of professionals currently qualified to conduct training on the technical and programmatic aspects of breastfeeding promotion. A "training of trainers" program is urgently needed to expand the cadre of trainers and disperse them to local facilities throughout the republic.
- (2) **Expand the UNICEF BFHI.** The BFHI is an ideal mechanism to continue to focus the attention of regional policymakers and facility directors on the role of the formal health care system in breastfeeding promotion. In order to expand the number of Baby-Friendly facilities in Kazakhstan, more professionals are needed with the knowledge and tools to carry out assessments and training. At the present time, only the Wellstart Associates and a limited number of their colleagues are able to contribute to this process.
- (3) **Develop and implement an IEC campaign.** A large-scale effort is needed to disseminate recommendations to women about optimal breastfeeding, the risks of inappropriate infant feeding practices, how to resolve common breastfeeding problems, and how environmental risks and their own health status affect their ability to adequately nourish their infants. There is a Soviet legacy of misinformation about breastfeeding, mistrust of the health care system, and non-participation of women in decisions regarding their own health care. These obstacles can only be overcome as women gain the knowledge to make informed decisions about their health care and infant feeding practices, and the power to generate effective demand for mother-baby centered deliveries and an optimal environment to carry out their infant feeding choices.
- (4) **Disseminate EPB's qualitative and contaminants research results more widely.** This information must be used more extensively to dispel misperceptions about breastfeeding in general, and in particular Kazakstani women's ability to provide adequate, safe breastmilk to their babies. Currently, this information is used in formal training seminars for senior specialists. The information, however, must be packaged to be accessible to the all of the different audiences, and should be routinely incorporated into medical curricula and IEC campaigns.



- (5) **Foster community initiatives to support breastfeeding after leaving the hospital.** Women must have a source of information and support available to them for answering questions and dealing with breastfeeding problems after leaving the hospital. Information and experiences from community organizations and informal breastfeeding support groups in other countries may be useful for introducing this concept.
- (6) **Set up a monitoring system.** Some mechanism for monitoring the progress of the national program and its success in affecting outcome indicators should be established. A simple monitoring system may be considered that uses the EPB national breastfeeding program indicators as a framework, with data management and analysis completed on EPI INFO. Local counterparts already trained by Wellstart in the use of EPI INFO could design such a system with minimal technical assistance in the collection, management, and analysis of data for program monitoring and evaluation.

The scope of activities and resources required to move Kazakstan to the next phase in their national program necessitates the coordinated contribution of a variety of donors with different mandates and expertise to provide the full range of required assistance. It is essential that breastfeeding components be integrated into related assistance and programs to make the most efficient use of resources, and to emphasize the cross-cutting role of breastfeeding in promoting infant and child health, child-spacing, and providing families with a free nutritional resource at a time of severe economic hardship and uncertainty.



ENDNOTES

1. Ministry of Health, as reported by Dr. Susan Welsby, Wellstart consultant.
2. The Wellstart Associates are: (1) Dr. Tamara Chuvakova, Deputy Director of the Republican Research Institute for MCH, and the Chief Neonatologist of the Ministry of Health; (2) Dr. Tamara Paltusheva, formerly Deputy Chief of MCH of the Ministry of Health; (3) Dr. Gulnara Semenova, Researcher, Breastfeeding Laboratory, Institute of Nutrition; and, (4) Dr. Shamil Tazhibayev, Deputy Director of the Institute of Nutrition.
3. The maternity centers seeking Baby-Friendly designation at this time are:
 - Almaty City Perinatal Center and Maternity Centers #1 and #5, Almaty, completed initial assessment and training seminar.
 - Maternity Centers in Pavlodar and Kokchitau, completed initial assessment and training seminars are planned.
 - Maternity Hospital and Shahtynsk Maternity Hospital, Karaganda, targeted and have begun implementing the ten steps.
 - Atarau Oblast Maternity Hospital, Kulsari, targeted and have begun implementing the ten steps.
4. Drs. Chessa Lutter and Kim Hooper. "Trip Report: Kazakhstan, February-March 1994." Wellstart International.



Annex I: List of Contacts



List of Contacts

Dr. Tamara Chuvakova, Chief Neonatologist, MOH, Almaty City Perinatal Center

Dr. Shamil Tazhibayev, Deputy Director, Institute of Nutrition

Dr. Tamara Paltusheva, Bobek Foundation, formerly Deputy Chief MCH, MOH

Dr. Anna Anatolena Saika, Director, MCH, MOH

Dr. Sudeep Battarai, UNICEF

Aigul, Nutrition Assistant, UNICEF



Annex II: Interview Guide

Kazakhstan Case Study Evaluation: INTERVIEW GUIDE

I. General Interview Questions

Initiate the interview by explaining that A.I.D. is funding a study of breastfeeding promotion activities in Kazakhstan that have been undertaken over the past 2-3 years, with emphasis on the period since the MCH Seminar in January 1993. Explain that this is not in any way an evaluation of their work, but rather a case study to provide information about what activities and assistance contribute most to the development of successful national breastfeeding programs. I think it is important to play down the role of Wellstart in this study at the beginning of the interview so as not to bias the interviewee toward emphasizing the role of Wellstart for whatever reason. It is also important to mention that we plan to share the results of this case study with all local collaborators, but unfortunately it must be emphasized that this study does not indicate plans for additional funding by U.S.A.I.D. to support breastfeeding promotion activities in Kazakhstan at this time.

The strategy of the interview outlined below is to first ascertain which breastfeeding promotion activities have been initiated since Wellstart assistance began in 1993, without leading the interviewee to associate their activities with Wellstart collaboration. This unprompted portion of the interview will be followed by pointed questions about participation of the interviewee in Wellstart-sponsored activities and whether there were changes in the breastfeeding promotion activities in their institutions that were a direct result of this participation.

Each of the questions below pertains to one of the program areas covered by the Wellstart EPB Indicators. For each program component, find out how long it has been in existence, and in particular whether it was initiated since the USAID MCH Seminar in January 1993. Find out whether its existence or any modifications can be directly linked to Wellstart collaboration.

A. Breastfeeding Promotion Activities in the Informant's Institution

1. Did you or your institution carry out any breastfeeding activities prior to 1993? [ask open ended, then prompt: training, research, community education and support, policy/program advocacy]
 - a) If so, describe these activities (what, when, participants, target group, cost, funding?).
 - b) What prompted you or your institution to initiate these activities?
 - c) Did you receive any outside assistance in the development or implementation of these activities? If so, describe.
 - d) Describe the results.
 - e) Did you encounter any obstacles in implementing these activities? Was there any direct opposition to these activities? If so, by whom and why, in your opinion.
 - f) [Collect any documentation, data, anecdotes, etc.]
2. Have you or your institution initiated any new breastfeeding promotion activities since 1993? [ask open ended, then prompt: training, research, community education and support, policy/program advocacy]
 - a) If so, describe these activities (what, when, participants, target group, cost, funding?).
 - b) Are there specific goals for each of these activities? If so, describe.

3. What prompted you or your institution to initiate these activities? Did they originate within your institution or outside of your institution?
4. In general, how is it decided which activities will be carried out?
5. Are any of these activities part of a national breastfeeding program?
6. Does your institution now, or did it ever, receive any outside assistance in the development or implementation of these activities? If so, from whom and describe the nature and amount of this assistance.
7. Describe the results of your breastfeeding promotion activities.
 - a) In your opinion, have these activities been successful in achieving their goals? Why or why not?
 - b) Does your institution have any way to measure or track progress toward the goals of your breastfeeding promotion activities? If so, describe (how and by whom are data collected and analyzed? Is this information used to modify activities?) *[Obtain copies of data if it exists]*
 - c) Have you encountered any obstacles in implementing these new activities?
 - d) Has there been any direct opposition to these activities? If so, by whom and why, in your opinion.
 - e) *[Collect any documentation, data, anecdotes, etc.]*
8. Is a specific person responsible for activities related to breastfeeding promotion in your institution? If so, who (title of position and name of person)? When was this position created and why? *[Obtain information on the scope of work, activities, etc of this position]*
9. Is there funding within your institution specifically designated for breastfeeding promotion?
 - a) If so, for how long has this budget been in existence?
 - b) How much annually is allocated to breastfeeding activities and who administers this budget?
 - c) How is the size of the budget for breastfeeding activities decided and by whom?
 - d) Has this budget changed since 1993? If so, how and why?
10. Does your institution have a written policy or clinical norms pertaining to breastfeeding? If not written, does a generally accepted informal policy exist? *[Collect any available documentation regarding policies/norms both prior to and since Wellstart collaboration]*
 - a) When, why and how were these policies/norms developed?
 - b) Have they been revised since 1993? If so, how, why and by whom?
 - c) Are staffmembers trained in the implementation of these policies/norms? If so, describe this training [what, who, how often, what materials]? What percentage of staffmembers in different positions [obstetricians, pediatricians, nurses, midwives, etc.] have completed this training?
 - d) In your opinion is this training adequate? Why or why not? *[Obtain records of training activities, copies of training materials, etc.]*
 - e) Has this training been revised since 1993? If so, how, why and by whom?
 - f) In your opinion, are these policies/norms adequately followed/enforced? Provide examples. Has the enforcement of these policies/norms changed since 1993? If so, why and how?
 - g) In your opinion, are these policies/norms effective in promoting optimal breastfeeding practices? Why or why not?
 - h) Does your institution monitor the implementation of these policies/norms in any way? *[Obtain copies of records/data if it exists]*

11. Are you familiar with the UNICEF/WHO Baby Friendly Hospital Initiative?
 - a) Does your institution participate or have plans to participate in any way in the Baby Friendly Hospital Initiative? If so, when and why was the decision made to participate?
 - b) Is this institution, or do you know of any other hospitals or maternity centers, that have or are planning to seek the Baby Friendly designation? If so, which ones? What have they done so far to begin the process?

B. Breastfeeding Promotion Activities at the National Level

1. What is your perception of breastfeeding practices in general in Kazakhstan currently? Prior to 1993?
 - a) Do you have information on or an idea of the percentage of women breastfeeding and for how long they typically breastfed, or at what age liquids and solids are typically introduced? If so, what are these numbers and where did you get this information? Has this information always been available to you? If not, since when has it been available to you?
 - b) Do you have information about or an idea of the major barriers to optimal breastfeeding practices in Kazakhstan? If so, what were they and where did you get this information? Has this information always been available to you? If not, since when has it been available to you?
2. What is your perception of the commitment to breastfeeding promotion at the national level in Kazakhstan? Explain the basis for this opinion.
 - a) In your opinion has this commitment changed since 1993?
 - b) If so, how and what is the basis for your opinion?
3. To your knowledge, does there exist a person or group responsible for breastfeeding policies and programs in Kazakhstan?
 - a) If so, who is this person or group?
 - b) When and why was the position or group established?
 - c) What are the responsibilities of this person or group?
 - d) Do you or your institution have any interaction with this person or group? If so, describe.
 - e) Are you aware of any activities or accomplishments of this group? If so, describe them and when did they take place?
4. To your knowledge, does there exist a national breastfeeding policy or plan?
 - a) If so, when was this plan developed?
 - b) To what extent has it been implemented?
 - c) Who is responsible for developing, implementing, and monitoring the plan?
 - d) Have you or anyone at your institution had any input into or responsibilities with respect to the development, implementation or monitoring of this plan? If so, describe.
5. Have you observed any messages since 1993 designed to promote optimal breastfeeding practices that were disseminated:
 - a) on television
 - b) on the radio
 - c) in newspapers or magazines

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- d) If so, who was responsible for funding/disseminating these messages?
 - e) *[obtain copies, documentation, etc.]*
6. Are you aware of any policies/legislation related to the marketing of breastmilk substitutes?
- a) If so, how long have these been in existence?
 - b) Have they been modified since 1993? If so, how and why?
 - c) In your opinion, are these policies/legislation adequately enforced/complied with? Why or why not?
 - d) Are you aware of the International Code on the Marketing of Breastmilk Substitutes?
 - e) If so, do you know of any initiatives to develop legislation to enforce the Code in Kazakhstan?
 - i) If so, when was this initiated and by whom?
 - ii) What is the current status?
- C. Perception of Wellstart Activities and Assistance**
1. Briefly describe your interaction with Wellstart since the USAID MCH Seminar in January 1993.
- a) Which Wellstart representatives have you met?
 - b) How much time did you spend with each one?
 - c) Which Wellstart-sponsored activities have you participated in [ask open-ended, then prompt: MCH seminar, LME, qualitative research, contaminants research, computer and data analysis training]? Describe your participation in each activity.
2. [For each activity] Did you gain specific information or skills as a result of your participation that you have since used in your work related to breastfeeding promotion? If so, describe.
3. [For each activity] Did your participation in this activity lead you or anyone in your institution to initiate new activities or changes related to breastfeeding promotion? If so, describe these activities [relate back to questions in part A above--get information if not already recorded]
4. In what ways has Wellstart been most helpful to you and your organization/institution?
5. In your opinion, have there been any changes in breastfeeding activities in Kazakhstan in general that you consider to be a direct result of or influenced in any way by Wellstart collaboration? If so, describe these changes. What have the result been? *[Collect any documentation, data, anecdotes, etc.]*
6. Do you know of any changes in breastfeeding activities, either in your institution or elsewhere, that are planned for the near future that you consider to be a direct result of or influenced in any way by Wellstart collaboration? If so, describe these plans (what, when, participants, target group, cost, funding?). *[Collect any documentation, data, anecdotes, etc.]*
7. Other than increasing the scope of activity or level of funding, is there any way you think Wellstart could have improved the activities that you participated in?
- D. Distribution of Wellstart Materials**
1. What printed materials have you received from Wellstart?
- a) How many copies of each did you receive in English?
 - b) How many additional copies did you make/distribute in English?

- c) Did you translate the document into Russian or Kazaks? If so how many copies were made/distributed in Russian or Kazakh?
 - d) How many copies did you receive in Russian?
 - e) How many additional copies did you make/distribute?
2. How have you used these materials (ask open-ended, then prompt: distribution to service providers, educators, or clients, use in your training activities)?
 3. In your opinion, have these materials been effective for these purposes? Why or why not?

II. Almaty MCH Conference Participants

1. **Aman Duisekeev, Deputy Minister Maternal and Child Health (331683)** Find out whether he prepared seminars in different oblasts following the seminar format and materials [Welsby 1993]
2. **Tamara Paltusheva, Deputy Chief, Maternal and Child Health Department** (at the time of the seminar)-- Currently Babek Children's Fund (614753). Find out whether she held similar seminar for Obstetricians and Pediatricians in Nov. 1993 [Welsby 1993]
3. **Tamara Chuvakova, Chief Neonatologist, MOH (626596)**. Wrote newborn care/ breastfeeding program proposal for the Presidential Initiative. Recommends that rooming-in should be introduced throughout the republic. Summarized seminar materials on breastfeeding and neonatology (distributed by MOH to oblasts). A principal presenter at replica seminar in June 1993 for all chief obstetricians, neonatologists, and chief doctors of maternity houses. Initiated immediate post-delivery breastfeeding at the Republican Research Institute for the Protection of Maternal and Child Health. Changed to WHO definitions of live births. Encouraged mothers at the Republican Institute to room in. [Welsby 1993]
4. **Edil Dadanbayev, Chief Pediatrician, MOH (334720)**. Visited 5 oblasts and gave seminars to feldshers and pediatricians on family planning, breastfeeding, ARI and oral rehydration solution using AID and UNICEF materials.
5. **Raissa Kolokina, Chief Specialist Pediatrics (Neonatology), MOH (331719)**. Conducted replica seminar in Zhambul in Feb. 1993. Follow-up visit was planned in April 1993 to observe results (find out whether this happened and what the results were). Distributed seminar materials to oblast health departments. Planned to send instructions to all 19 oblasts to change definition of live births and follow-up to see if the changes were enacted. Worked with T. Chuvakova to summarize seminar materials on neonatology into 3-5 page booklet to be sent to all oblasts (get copy of booklet). Wanted to initiate Kangaroo Care Method pilot project at Maternity #1 and develop research protocol to follow up cases. [Welsby 1993]
6. **Aiman Bazarbayeva, Leading Specialist Obstetrics and Gynecology, MOH (334816)**. Commented that there had been more activities resulting from UNICEF ARI semina. [Welsby 1993]
7. **Bakhit Munaidarova, Chief Nursing Specialist, MOH (331362)**. Gave several presentations on seminar and distributed materials (10 steps to successful breastfeeding) to board of Nurse/Midwives Council and Chief Midwives meeting. Planned to organize seminar for nurse/midwives using seminar materials. Planned to distribute seminar materials to all nurse/midwives in the republic. [Welsby 1993]
8. **Nina Kayupova, Director, Republican Institute for the Protection of Maternal and Child Health (644634)**. Find out whether she conducted a replica seminar in June 1993 in Petropavlosk [Welsby 1993]

9. **Gulshara Urmurzina, Chief, City Health Department**
10. **Olga Alimbayeva, Chief Obstetrician and Gynecologist, City Health Department (444574)**
11. **Maya Ababkova, Chief Nursing Specialist, Almaty City Health Department (455831).** Her MCH team at the City Health Department introduced a series of new practices in the 7 maternity units (relatives at delivery, 2-3 days post-natal stay, rooming-in). Organized a 4-day seminar March 1993 for 48 midwife/nurses on family planning using seminar materials. Plans to expand community role of midwife to perform home visits and work with women of childbearing age. [Welsby 1993]
12. **Tamara Dzhusubaliyeva, Chief, Marriage and Family Planning Clinic, City Health Department (323343).** Established family planning program as a result of the seminar. [Welsby 1993]
13. **Erkin Durumbetov, Chief Physician, House of Health (612081)**
14. **Kasen Kozhakhhanov, Dean, Faculty of Pediatrics, Almaty State Medical Institute (6729150).** The 13 professors of Pediatrics at the faculty reviewed the seminar materials and planned to revise their training. [Welsby 1993]
15. **Sara Erezhepova, Deputy Director, Republican Medical School for Midlevel Health Workers (611662).** Took 18 pediatric trainers and 5 ob/gyn trainers to seminar then held a meeting with them to discuss the seminar and make revisions in their own curriculum. [Welsby 1993].
16. **Zoya Murzagulova, Republican Mid-level Health Worker Refresher Training School (491819).** Her staff revised the content of its teaching, incorporating the technical updates from the seminar. [Welsby 1993]
17. **Bakhit Tynybekova, Neonatology Tutor at the Republican Mid-level Health Worker Refresher Training School (491819).** Revised her teaching to incorporate the new guidelines on breastfeeding from the seminar. [Welsby 1993]
18. **Shamil Tazhibayev, Deputy Director, Nutrition Institute (429203).**
19. **Gulnara Semenova, Researcher, Nutrition Institute (426867).** Finalized a breastfeeding program proposal for Kazakhstan and submitted it to USAID, UNICEF, WHO for funding [Welsby 1993].
20. **Jibek Karagulova, Deputy Director, WHO Collaborating Center on Primary Health Care and Nursing (301485).** Following seminar organized a meeting of leading nurses from Kazakhstan, Uzbekistan and Kyrgyzstan to establish ties with IPPF/Europe [Welsby 1993].

III. **LME Participants**

1. **Tamara Paltusheva, Deputy Chief, Maternal and Child Health Department (at the time of LME training)--** Currently Babek Children's Fund (614753).
2. **Tamara Chuvakova, Chief Neonatologist, MOH (626596).**
3. **Shamil Tazhibayev, Deputy Director, Nutrition Institute (429203).**
4. **Gulnara Semenova, Researcher, Nutrition Institute (426867).**

IV. **Research Participants**

1. **Tamara Paltusheva, Deputy Chief, Maternal and Child Health Department (at the time of LME training)--** Currently Babek Children's Fund (614753).
2. **Tamara Chuvakova, Chief Neonatologist, MOH (626596).**

3. **Gulnara Kazbekova, Maternal and Child Health Department, MOH**
4. **Turegeldy Sharmanov, Director, Nutrition Institute**
5. **Shamil Tazhibayev, Deputy Director, Nutrition Institute (429203).**
6. **Gulnara Semenova, Researcher, Nutrition Institute (426867).**
7. **Aiyan Ergalieva, Nutrition Institute**
8. **Nazigul Talevova, Nutrition Institute**
9. **Orynkul Mukasheva, Nutrition Institute**
10. **Elena Nikitina, Nutrition Institute**
11. **Erkin Durumbetov, Chief Physician, House of Health**
12. **Vladimir Ishimov, House of Health**
13. **Kunish Baihodgaevna Kokimbekova, Director, Polyclinic #7, Almaty**
14. **Edil Dadanbayev, Chief of Pediatrics, Polyclinic #7, Almaty**
15. **Larisa Saulebekov, Deputy Director and Clinic Chief Director, Institute of Pediatrics**
16. **Zhanna Sekenova, Chief Physician, Institute of Pediatrics**
17. **Tatiana Kravzova, Researcher on Insufficient Milk, Institute for Maternal and Child Health Care**
18. **Mogrifa Sharifkanova, Deputy Director, Institute for Maternal and Child Health Care**



Annex III: National Breastfeeding Decree

MINISTRY OF HEALTH OF THE REPUBLIC OF KAZAKHSTAN
KAZAKH STATE ADVANCED MEDICAL INSTITUTE

ORGANIZATION OF A CARE FOR THE HEALTHY NEWBORNS
IN A MATERNITY HOUSE
(Methodical recommendations)

ALMATY, 1995

The present strategy to reduce an infant mortality rate (immunization, oral rehydration, prophylaxis of respiratory infections) in the country will not give expected effects without programme implementation on protection and promotion of breastfeeding.

Because the best ratio of nutrients and enzymes, immunological components, hormones and growth factors of the breast milk as well as natural regulation of its composition according to changing demand of baby makes breastfeeding a perfect food for child. Infants up to two months old are not breastfed are at least twice as likely to have diarrhoea and their chances of dying from its effects during the first six months of the life are up to 25 times greater (WHO, UNICEF, 1993).

Frequent physical contacts between a mother and a child during breastfeeding ensure a rapid formation of the normal biocenosis in newborn and minimize his dysadaptation after delivery.

The breastfeeding protects mother's health as this stimulates oxytocin secretion and rapid uterus contraction. Absence of the menses, increasing interval between the births helps to keep proteins, iron and other sufficient nutrients for mother, which she needs after delivery.

When a mother breastfeeds only on demand, without night breaks, she gives a 30% protection against a new pregnancy, it is more effective preventive measure than all other methods combined. This infertility state may act 18 and more months during the lactation. So absolutely depending young baby has a time to transform into the more independent baby, and mother has a time to care properly for the baby.

To begin and to continue of breastfeeding successfully a mother needs active support during the pregnancy as well as after delivery in the Maternity House, family and Polyclinic.

Above-mentioned arguments suggest the necessity of updated organizational work and practice of the Maternity Houses (Maternity services), introduction

early contact between mother and baby, practice of rooming-in, encouragement and support of exclusively breastfeeding and early discharge.

Discharge of the baby adapted to the mother will be a good basis of subsequent encouragement and promotion of breastfeeding by 1-2 years of age, significant reduction of a number of sick babies and as a result - lowering of neonatal and infant mortality.

Delivery preparation. The air temperature in the obstetric room should not be less +26° - +28° C. If a premature birth is expected, it should prepare a newborn incubator. Air temperature in the newborn incubator should not be less than +36° C to heat a set of napkins, kits for the first and second dressing of umbilical cord, sterile vegetable oil for the baby's skin cleaning. Enameled tray for the newborn is put on the two heaters (water temperature should not be less than +37° C). After the birth air temperature in the newborn incubator lowers in accordance with the baby's gestation age and his initial weight. For instance, baby's weight - from 1.0 to 1.5 kg - the temperature - 34-35° C; baby's weight - from 1.5 to 2.0 kg - the temperature 32-34° C; baby's weight - from 2.0 to 2.5 kg - the temperature - 30-32° C and above 2.5 kg - 28-30° C.

A midwife by the sterile pincer takes out a sterile individual kit for the woman from the box, opens it and then puts a sterile oilcloth and napkin on the woman's bed. A woman in childbirth is moved to the obstetric room, then she must cover herself with a sterile clothes.

It is preferable to use a sterile obstetric individual kit.

A midwife puts two sterile napkins, rubber container for the mucous suction on the sterile tray. She puts out sterile kit for the first dressing of the newborn (a midwife will use it after the birth).

A kit for the first dressing of a newborn consists of 2 Cohere's claspers, anatomical pincer, stick with a cotton tampon, medical scissors, 3-4

cotton and three gauze tampons. Besides of it is necessary to have 5% spirit solution of iodine and 95% alcohol.

A midwife washes the hands before delivery according to the surgical rules and wears a sterile clothes and gloves.

A midwife wraps an infant into the warm napkin and puts the baby on the mother's abdomen. A baby is rapidly dried and covered by a dry napkin. The newborn's head is covered by a cap and he is attached to the mother's breast, then he is covered by three flannel napkins.

Umbilical cord is squeezed at the moment of pulsation stopping by applying the clamp at the distance 10 cm from the umbilical ring and the next one - 8 cm. The place between a two clamps is cleaned by 95% alcohol and cut by the sterile scissors. Stump section of umbilical cord is cleaned by 1% iodinate.

Encouragement of skin contact between a mother and a baby immediately after the birth and attachment to the mother's breast bonds mother and newborn, stimulates breast milk secretion. Suckling stimulates receptors of a complex nipple-areola, nervous impulses are sent to the hypothalamus, which in turn stimulates oxytocin and prolactin secretion. Another hormones (cortisol, insulin, hormones of thyroid and parathyroid glands) also regulate lactation.

Oxytocin maintains contractile activity of the uterus and assists placenta separation in the third delivery period.

Blennorrhoea prophylaxis is carried out in two hours after the birth.

Newborn cleaning in the obstetric room is carried out within two hours after the birth , before mother will be moved to the post-delivery room.

A midwife washes the hands using the running water and soap, wears a sterile gloves. Then she by

the sterile pincer takes out a sterile individual kit for the second cleaning of the infant, it consists of scissors, one dropper, plastic clasper, silk thread or gauze cord (diameter - 1mm , length - 10 cm), wood stick with a cotton, 2-3 cotton tampons. Set of the napkins includes three ones and one blanket (it is not necessary in a hot time).

A midwife takes out the dropper from the kit and using two cotton tampons (separately for the each eye) drops 30% sulfacil potassium and especially for the girls - on the external sexual organs. It is better to use erythromycin ointment for the eyes, because it doesn't effect reactive conjunctivitis and prevents not only blennorrhoea, but also chlamydia conjunctivitis.

The second dressing of the umbilical cord is carried out by the following way: using a sterile gauze napkin and gauze tampon the umbilical cord residue is wiped dry. Then a plastic clasper is applied on the 0.3 cm from the umbilical ring and squeezed. The cut of umbilical cord base and surrounding skin is cleaned by the 5% solution of potassium permanganatum. In the cases such as: mother's negative rhesus , mother's izosensibilization on system ABO, preterm infants, low birth weight infants, it usually used a silk thread (on the distance 3-4 cm from the umbilical ring). In this case umbilical cord is cut upper 5 cm from the thread. After the cleaning of the umbilical residue by the 5% solution of potassium permanganatum a sterile gauze bandage (triangle) is applied.

Don't remove natural oiling, as far as it protects a newborn against contamination micro flora.

A midwife may remove blood and meconium residues by the sterile tampon with a sterile vegetable oil from the individual bottle. After cleaning a midwife makes IM injection of vitamin K (mefiton, fitomenadion) 0.2 ml (2 mg). Then a swaddled newborn is weighed, and a napkin weight is deducted. Baby measurement is carried out by the sterile tape measure. Baby's height from the back of the head to the heel, head circumference and breast circumference is measured.

Midwife takes out a kit with a bracelets and medallion, processes the hands and writes Mother's First Name, Middle Name, Surname, baby's sex, weight, height, date and time of the birth, then she again cleans the hands, fixes the bracelets and swaddles the baby. A medallion is fixed on the napkin, and infant with the mother is moved to the post delivery room. In two hours after the first cleaning of eyes a midwife carries out the second blennorrhoea prophylaxis.

The number of baby's development chart should correspond to the number of mother's delivery history. Baby's development chart should reflect the data about morbidity cases of the mother during the pregnancy, delivery, duration of the first and second periods of the delivery, character of the fetal waters, applied medicine therapy during the delivery. In the case of caesarean section it is necessary to write the indications to the operation type of anesthesia, etc. A physician gives the total evaluation of baby's state according to Apgar score at the moment of the birth (the first minute) and in five minutes.

It should be indicated the following parameters: weight, height, head, breast, and shoulders circumference, as well as dressing type of the umbilical cord, presence of hypoxia and asphyxia and intensive therapy activities, data concerning the congenital abnormalities or identified ones during two hours after birth.

Care for the infant in post delivery room

The skin and visual contact between a child and mother after delivery should be supported by rooming-in. In this case a baby's contacts are limited and a possibility to get hospital infection contamination is lowered. Mother's milk doesn't contain specific antibodies against these microorganisms, so infants, who are located apart the mother, may easy get acute respiratory infections, skin diseases and diarrhoea.

The first milk (colostrum) have a special role in

a nutrition and supply of vitamins, minerals and it is a first immunization of newborn because of high level of immunoglobulin and other protective factors. A colostrum corresponds to specific requirements of the infants. Mother should breastfed a baby frequently, on demand, without night breaks (prolactin response is higher at night), as long as he wants. During the first weeks after the birth number of feedings should not be less than 8-12 times per day. Frequent suckling will assist in adequate breast milk production in accordance to baby's demand.

Rooming-in is a basis of a mother training, her responsibility to keep rules of the own hygiene, possibility to get care skills, establishment of the bonding between mother and the child, his socialization and adaptation to a new conditions.

Optimal variant of post delivery room is a box-room with a bath-room, latrine and 1-2 beds. It allows the accommodation of newborns and their mothers in the common room, but with the presence of shell, cold and hot tap water. Boxes-rooms are supplied by the beds both for mother and newborn, individual bedside table for keeping of the napkins, table for swaddling, medical scales for the infant measurement, bins for used napkins.

It is admitted to move mother with the child to the room in 2-3 hours after birth according to resolution of neonatologist and obstetrician. It is fixed in the delivery chart and newborn development chart.

Time of moving is fixed in the newborn chart and signed by the duty midwife and duty nurse.

Duty nurse supplies the mother with sufficient number of the sterile napkins (25 ones for one baby per day), teaches her to care for the baby, sequence of cleaning of his skin and mucous membranes, to keep the rules of individual hygiene and sanitation.

It is expedient to put the list of the following content:

ADVISES FOR A MOTHER ON NEWBORN CARE AND BREASTFEEDING

Every mother should remember:

- rooming-in requests a strong keeping of sanitation and epidemiological routine, individual hygiene, execution of all claims of a medical staff;
- every morning a mother wipes dry a bedside table, oilcloth, table for swaddling by the 1% chloramine solution, then a room is processed by ultraviolet light for 20 minutes, at this time baby's face is covered by the napkin.

A nurse carries out the first cleaning of baby and a care, then a mother, shows mother how to use a sterile material and disinfection remedies.

Mother should accurately washes her hands with a soap, cleans newborn's eyes by two sterile cotton tampons and furaciline solution from the external to internal eye's corner, the third tampon should be used to clean a face.

It is necessary to wash a baby away over the shell using the warm flowing water, avoiding the contact of baby's body with a shell surface.

- use an individual soap to wash a child (only for these purposes)
- swaddle a baby on the special table, the last should be previously cleaned by the 1% chloramine solution;
- put used napkins at the special box covered with a plastic bag;
- clean napkins should be kept into the bedside table, separately from the rest mother's things;
- breastfeed a baby on demand, frequently, without night breaks and exclusively by the breast milk, no less than 8-12 times per day;
- offer the both breasts during the each feeding;

- use no a soap, freshers, ointments etc., for the breast processing. Use only a warm water. It is not necessary to wash the breast before the each feeding, as much as in this case a normal bacterial flora is removed, areola and nipple skin is over dried, afterwards it leads to the formation of maceration and cracks;

- use no any dummies, pacifiers, bottles and infant formula;

- give no baby any liquids (including water, 5% glucose solution, Ringer solution etc.) except a special medical indications;

- before the feeding a mother should cover the head with head-scarf, wash twice her hands, accurately dry them, put a baby on the sterile napkin and attach him to the breast;

- do not restrict the duration of the feeding, the more an infant is breastfed, the more milk the mother will have;

- if a baby has some problems with a suckling and in the case of insufficient lactation mother should communicate with a nurse or physician;

- it is necessary to express residual breast milk after the every feeding into the sterile vessel. To give the expressing milk to the nurse no later than in 30 minutes after the procedure;

- after each feeding to express a few drops of the milk and damp the nipple and wait while the milk will dry (no ointments, creams).

IT IS STRONGLY PROHIBITED TO KEEP ANY BOTTLES WITH A MILK OR LIQUIDS IN THE ROOM!

Every mother should monitor and control a baby's behavior (should pay attention to the weakness, disturbing), change of skin color, body temperature, stool character, frequency of the urinations, vomiting, suckling activity.

THIS IS STRONGLY PROHIBITED:

1. To keep a food and eat in the rooms.
2. To place napkins, towels and other things on the children beds and in the rooms.
3. To bring the books, dummies, pacifiers, and home things.
4. To open a window during a cold weather.
5. To give presents through the window.
6. To take out a baby outside.

Should remember, that you can appeal to the doctor or nurse, if you have any problems.

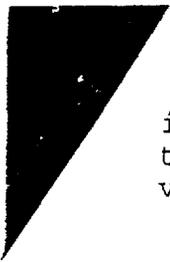
Only neonatologist can do a dressing of umbilical stump and umbilical wound within the visit. Before a visit a duty nurse prepares sterile cotton tampons, napkins, a stick with a cotton, sterile individual pincers as well as 95% alcohol, 5% potassium permanganatum, hydrogen peroxide.

Before the visit a physician and nurse wash their hands with a soap and warm running water and wear the sterile gloves. The overalls should be changed daily.

After the visit a medical nurse carries used napkins away and cleans the room.

Storage of the sterile material, composition of the newborn sets, storage of the medicines and baby's development charts are carried out in the special duty nurse room. Medical preparations are kept under the lock.

Prophylaxis of the tuberculosis is carried out by the injection of BCG vaccine (0.05 mg, volume- 0.1 ml) in the end of the second day or on the third day. BCG vaccines are kept in the refrigerator under the lock in the separate room. Dilution and filling of individual syringe by the vaccine are carried out



in the room. A medical nurse , having a special training and has the authorization, carries out a vaccination in the baby's room.

A physician directs the absence of the contraindications to vaccination ,and a nurse writes a date of vaccination down and vaccine batch.

Every mother should warn about the appearance of the vesicle, papule at the side of the injection (5-10 mm diameter)in 4-6 weeks after vaccination. Their treatment is not be permitted.

At the third day after the birth a baby can be discharged, if he and his mother have not the health problems (during delivery and in early antenatal period).

Before discharge a pediatrician talks with a mother about breastfeeding and care for the infant at home. A nurse shows mother the swaddling technique, reads the records on the bracelets and medallion, gives the certificate including full information concerning the baby (sex, weight, height, head and breast circumference, Apgar score, character of adaptation period, maximum loss of the weight and discharge weight, time of falling away of the umbilical cord residue, data concerning BCG, time of the first attachment to the breast. In the case of asphyxia, delivery trauma and other newborn diseases a medical worker should direct diagnosis, investigation data, treatment and appropriate recommendations.

Preterm and sick infants with the mothers are transferred to the special departments for the sick newborns or the department of the second stage of premature infants care. These children especially need a breast milk, which contents antioxidants, phospholipids, immunoglobulins, growth factors, hormones, antibodies. If the baby cannot suck, mother should express a breast milk and feed baby from the measuring-glass, or dropper, or syringe with a probe.

Number of the feedings should not be less than 8-12 times per day. Prohibit no mother a contact with ill infant, breastfeeding. Encourage mothers to

keep milk production and express a milk at least 6-8 times per day with obligatory night expressing, frequency stimulate nipples (massage, rolling). A sick or preterm baby should be fed by expressing milk. It is necessary to encourage skin contact of a sick infant and mother, nipple licking.

After the caesarean section, if the mother's state is satisfactory, the baby should be immediately attached to the breast. If the mother's state is complicated - to express a milk (handle or by the pump) 6-8 times per day with a previous stimulation of the nipples (massage, rolling). Expressing milk should not be pasteruizated. If this mother feels herself better, she should be moved to post delivery room with the baby, where she must breastfeed newborn on demand including night feeds. Discharge of the mother with baby can be carried out on the basis of obstetrician and neonatologist decision(in the case of contraindication absence).

Skin-to-skin contact (the Kangaroo method) is one of the most appropriate methods to be used in caring for the preterm infants. First this method was applied in Bogota (Columbia) and it given a good result - significant increase in the survival of preterm infants.

The infant is naked and is held against the skin of the mother, between her breasts. Mother covers the infant with her own clothes. This state assists in maintaining temperature of the infant, facilitates breastfeeding, skin-to-skin contact with the mother reduces heat loss.

There are 4 types of carings for the preterm infants:

1. Very early start, when baby's state is good enough. He is passed to the mother within the first minute after birth and during the next days he will be located between mother's breasts under her clothes.

2. Early start , when baby' state is good, it may be during the first day or during the first hours after birth.

3. Average start of this method is carried out after the intensive therapy course. In every 2 hours the mother comes to the intensive therapy room, expresses a milk to the sterile cap and by spoon, cap or through probe a milk without additional pasteurization is given to the baby.

4. Late start, after long course of intensive therapy, when an infant has a stable breath in the bed.

The results of the method Kangaroo installation in Dusseldorf (Germany), London(United Kingdom), Amsterdam(Netherlands), Halsinborg (Sweden) etc., demonstrate its effectiveness in the increasing of preterm infants survival, prophylaxis of preterm newborns diseases, cost-effective approach (the parents are involved to the caring process).

The criteria for discharge of preterm infants from Maternity Hospitals:

1. stable breath in the bed;
2. breastfeeding;
3. absence of diseases.

The father or another member of the family (grandmothers, elder children) can participate in the caring process by this method.

Thus, introduction of early contact of a mother and baby (first minutes after the birth), their rooming-in, exclusively breastfeeding and Ten Steps of successful breastfeeding(WHO, UNICEF, 1989) will significantly assist to lower infant mortality and morbidity in the Maternity Houses and Hospital Departments.

WELLSTART INTERNATIONAL

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

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

International Programs

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

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

National Programs

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

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

For information on corporate matters, the LME or National Programs, contact:

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