

Country Case Study No 6

Philippines: A Creative Breastfeeding Program Serves as a “Baby Friendly” Model World Wide

Background

The Philippines has traditionally had a breastfeeding culture, but socioeconomic and demographic changes, coupled with widespread and aggressive marketing by formula companies, have led to a decline in breastfeeding rates. Results from the National Demographic Surveys indicate a decline in the percentage of infants ever breastfed from 88.9% in 1973 to 83.5% in 1983 and, while evidence concerning changes in duration of breastfeeding has not always been consistent, Department of Health (DOH) statistics show a decline in breastfeeding duration from 12.3 months to 9.6 months for the same period.

Studies during this same time indicated that the majority of health professionals lacked the basic knowledge necessary to provide accurate breastfeeding advice and support. For example, a 1980 study in the metro Manila area reported that

- only 18% of the doctors knew about the let-down reflex,
- the majority of health personnel reported they would wait at least 24 hours after birth to initiate breastfeeding,
- more than half recommended bottle-feeding until the mother’s milk “came in,” and
- approximately 60% felt nursery care was better than “rooming-in”

(Burgess, 1980)

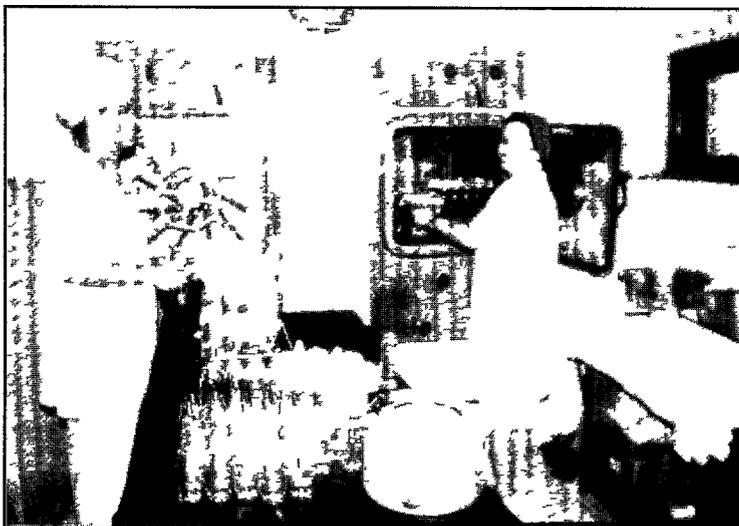
One hospital that embarked on large scale transformation of its infant feeding practices was Dr. Jose Fabella Memorial Hospital, the only government maternal and child health care hospital in the Philippines.

Breastfeeding promotion activities began in the 1970s, with the pioneering work of Dr Natividad Clavano to institutionalize rooming-in at Bagio General Hospital gaining international recognition “Revolutionary” changes at the hospital, such as closing the hospital nursery, rooming the babies with their mothers instead, and limiting use of formula, led to impressive decreases in infant morbidity and mortality Comparison of a two-year period (Jan 73 - Mar 75) in which nursery care was the norm with two years (April 75 - April 77) following the institution of rooming-in showed dramatic changes

- Breastfeeding increased by 135%, while formula feeding decreased by 88%
- The episodes of diarrhoea were reduced by 94%
- Neonates with clinical signs of sepsis dropped by 89% and the incidence of death among clinically infected babies was reduced by 95% (Clavano, 1982)

The Transformation of the Largest Maternity Hospital in Manila

As realization of the importance of breastfeeding promotion continued to grow, other hospitals began exploring new ways to offer mothers added support One hospital that embarked on large scale transformation of its infant feeding practices was Dr Jose Fabella Memorial Hospital, the only government maternal and child health care hospital in the Philippines Housed in a former prison building, the 700 bed hospital is located in the heart of the Santa Cruz market district in old Manila On an average day, 80 to 100 babies are born there, most of them from poor urban families, with a full 30% classified as “high risk” because of their susceptibility to infections and other newborn diseases



The maternity care practices at Fabella Hospital in the early 1980s were typical of those in many hospitals around the world at that time It had a full well-baby nursery and large-scale use of prelacteal feeds and breastmilk substitutes While in the 1960s babies had been brought to their mothers for feedings, this practice was discontinued in 1975 because of staff shortages and security issues and babies were fed with formula donated by the milk companies In 1977

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approximately five newborns a day had to be transferred to the pediatrics wards for infections, some of which were attributable to poor formula preparation and lack of staff to provide newborn care

In 1981, rooming-in was started in one ward for normal newborns. In 1984, following the participation of the first team of two key staff members in Wellstart's Lactation Management Education (LME) Program, another ward for normal newborns was opened for rooming-in. In 1986, the cesarean section ward was converted as well, completing the transformation of all maternity beds for rooming-in. Most babies in the Neonatal Intensive Care Unit (NICU) were still on formula then, but after the return of the second team from Wellstart all the NICU babies were breastfed or provided with expressed breastmilk. In 1988, after the hospital's medical director, Dr Ricardo Gonzales, entered the Wellstart Program, a mini milk bank was instituted to supply breastmilk to both the NICU and pediatrics ward — and thus by late 1988, the maternity section of the hospital had been totally transformed

A “star award” was placed on the beds to recognize breastfeeding and alert staff to mothers still needing support.

- The normal newborn nursery had been closed, and the space converted into a regular obstetrics ward
- The hospital had become a 100% rooming-in facility, with mothers and babies bedding together on a 24-hour basis. Innovative, low-cost adaptations of the physical settings were initiated, such as cutting the legs of the hospital beds to provide easier access, and placing of beds together in sets of two to provide a larger space for mothers and babies and greater opportunity for mother-to-mother support
- Women were prepared for rooming-in, starting as early as their prenatal checkups
- Babies were placed with their mothers immediately after birth and encouraged to breastfeed, with the assistance of the staff
- Mothers were provided encouragement and assistance from staff as they continued breastfeeding back on the wards. A “star award” was instituted, with cardboard stars placed on the beds of mothers who had initiated milk flow to give recognition to the mothers who were breastfeeding well and alert the staff to the other mothers still needing their support and advice. A ‘Lactation Brigade’ was formed with volunteers from civic and religious organizations to provide extra breastfeeding support



Photo R. Gonzales

The changes were impressive, and resulted in a decrease in infection rates, lower abandonment rates, greater patient satisfaction, and significant cost savings, due to the reorganization of the maternity services.

- The use of breastmilk substitutes was totally banned within the facility Babies that could not be breastfed by their mothers for various reasons were cup-fed breastmilk supplied either by the babies' own mothers or donors The staff earlier assigned to formula preparation were freed up for other tasks such as providing breastfeeding support and child care instruction
- A strict policy was instituted of "No milk flow, no discharge," with the rationale that mothers and babies discharged with breastfeeding problems were likely to quickly resort to infant formula use and be much more susceptible to infection

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In 1989, Dr Gonzales calculated that if he were to reinstate full-scale nursery care, he would need 6 5 million pesos (\$310,000 US) extra per year — 8% of Febella's total annual budget at that time (see table below) The 8% savings have been used to increase the availability of drugs and medicines, improve food for patients, increase the blood supply for emergencies, provide fresh linens and gowns for patients and increase the nursing staff available for mother/baby care

Nursery Cost Savings from Rooming-in and Breastfeeding Jose Fabella Memorial Hospital			
Feeding bottle sets/year	124,800 x P20	=	P 2,496,000
Milk formula cans/year	17,521 x P36	=	630,720
Salary of nursing staff/year	90 x P3,000 x 12	=	3,240,000
Salary of formula room staff/year	6 x P2,000 x 12	=	144,000
TOTAL (8% of the hospital budget)			P 6,510,720 (\$310,024)
Not included cost of electricity water detergents diapers or bassinets			
(Gonzales 1989)			

In 1988 Wellstart International organized an Invitational Asian Regional Lactation Management Workshop and all of the Associates from the Philippines attended, including Fabella's medical director and DOH officials This offered an opportunity for the expanded Philippines team to share their achievements, gain new ideas, and receive recognition and further encouragement for the work they were doing

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Fabella was one of eleven collaborating institutions involved in a multicenter lactational amenorrhea method (LAM) study carried out by Georgetown University's Institute for Reproductive Health in collaboration with WHO and the South to South Corporation for Reproductive Health. The study was launched in January 1994 and completed in December 1995, and gave Fabella staff added expertise both in the use of LAM and the role of breastfeeding in reproductive health.

Spreading the “Baby Friendly Revolution” to Other Government Hospitals

In 1989 Fabella Hospital was officially recognized by the Philippines Department of Health as a “Rooming-in Facility.” As the Baby Friendly Hospital Initiative (BFHI) got underway, UNICEF recognized the importance of Fabella as a “model hospital” and featured its achievements through support for publications and a video documenting its full-scale implementation of the “10 Steps to Successful Breastfeeding.”

Meanwhile, teams from other metro-Manila hospitals had applied for and entered the LME Program, including staff from East Avenue Medical Center, Jose Reyes Memorial Medical Center, and Quirino Memorial Medical Center, accompanied by staff from the Quezon City Health Department and the Department of Health. Wellstart continued to provide support through strategic in-country visits to strengthen clinical skills and update technical knowledge. Thus, when the Philippines was asked by UNICEF to participate as a “starter country” in BFHI, a cadre of well-trained and motivated health professionals was already in place and working for change in a number of the key government hospitals.

Developing a National Lactation Management Training Center

The approach taken by Fabella Hospital to transform its practices to provide optimal support for breastfeeding involved two major undertakings — a clear change in hospital policies, and systematic training of the staff to provide the knowledge and expertise needed to implement these policies. The Wellstart Associates and other staff skilled in

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President Fidel Ramos pledged that 100 hospitals would be designated Baby Friendly in the first 100 days of his administration.

lactation management developed a forty-hour course with three hours of clinical exposure and used it first to train the hospital's own staff. Then, with strong encouragement from the Office of Maternal and Child Health (MCH) Services of the DOH, they began to train obstetricians, pediatricians, nurses, and midwives both from other metro-Manila health facilities and, eventually, from hospitals in other parts of the country.

The Office of MCH Services encouraged Fabella to participate in the development of a plan to further strengthen its training capacity and serve as the National Lactation Management Training Center, with subnational training centers eventually to be designated in Cebu and Mindanao. A plan for the lactation training centers was prepared with technical assistance from Wellstart. Fabella continued to grow in its capacity to serve as a training resource, with support from the Office of MCH Services, but there was resistance within the hospital section of the DOH to providing it official designation as a national center. This may have been partially because the hospital section had not been actively involved in the initial planning for the center, and partially because breastfeeding support was seen as preventive rather than central to the typical curative role of hospitals.

Gaining National Political Support

If the Philippines were to fully participate in the BFHI, it was evident to breastfeeding advocates that strong support at the highest political levels would be necessary. UNICEF, under the astute leadership of James Grant, was aware of the importance of pressure at the top for the Initiative to succeed worldwide. As the BFHI got underway, Mr. Grant made a number of trips to meet with heads of state and senior decision-makers around the world, both to obtain commitment to the goal of banning use of free and low cost breastmilk substitutes and supplies, and to gain full support for the management and financial decisions necessary to achieve Baby Friendly targets.

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ministerial directives and laws continued. In June of 1992 President Corazon Aquino signed into law "The Rooming-in and Breastfeeding Acts of 1992" and when the administration changed later that summer, President Fidel Ramos declared August 1-7 as Mother Baby Friendly Hospital Week and pledged that 100 hospitals would be designated Baby Friendly in the first 100 days of his administration.



Wife of President Ramos greeted at Fabella hospital

Photo R. Gonzales

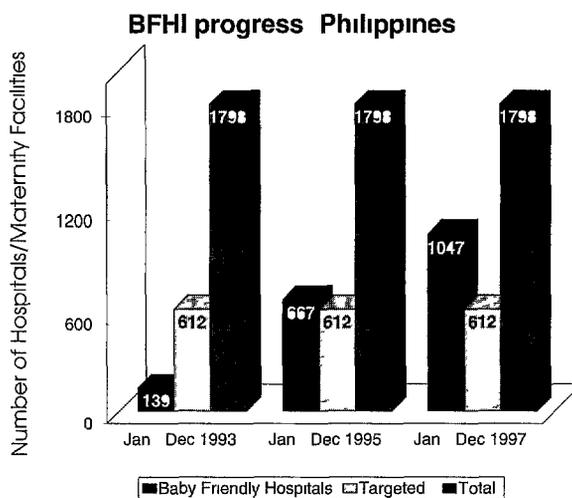
The achievements of the national program have been impressive. By the end of 1997, 1047 hospitals had been designated Baby Friendly — 171 % of the target of 612 hospitals.

The National Program Takes Off

With strong support from both the President of the Republic and Secretary of Health, and with well trained professional cadres to implement the program, ambitious plans to achieve implementation of the "10 Steps" in all major government hospitals were activated under the leadership of Dr. Galon. With the help of the National Center at Fabella Hospital, training of teams from 14 regional hospitals was completed. The teams were then expected to serve as master trainers of provincial hospital staff who would, in turn, train additional staff from the district level. Regional MBFHI Committees and Technical Working Groups were formed to provide decentralized guidance and support for the Initiative, and training and assessment continued at a rapid pace. By 1996 over 600 health professionals had been trained through Fabella's National Center courses. The Subnational Center in Cebu City actively trained teams from its area as well. By late 1996 Associates at this Center and other sites had trained over 4,000 health professionals in addition to those who attended the Fabella courses.

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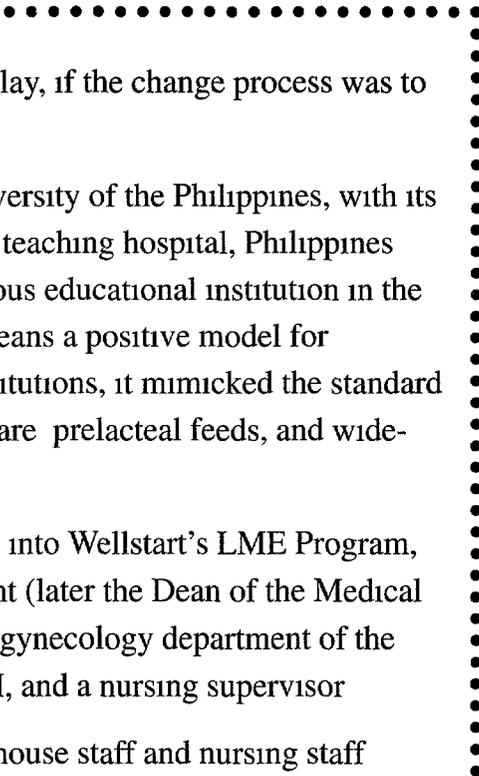
The Philippines has made a special effort to involve private hospitals, traditionally more resistant than public institutions, in the Initiative. In mid-1994, the prestigious St. Luke’s Hospital was recognized as the first tertiary, private Mother Baby Friendly hospital in metro Manila. By the end of 1995, 319 of the private hospitals were Baby Friendly, 172% of the target for private hospitals.

The DOH is sensitive to the fact that, with the speed of the training, assessment and award process, mechanisms would need to be put into place to continue to upgrade or maintain the skills and standards in the designated hospitals. A conference was held to consider “strategies for sustainability” and gradually various mechanisms to sustain support for breastfeeding in the Mother Baby Friendly facilities are being put into place.

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Transforming Medical and Nursing School Curricula

As the work to alert health care administrators and providers to the new knowledge and skills needed to support optimal infant feeding practices continued, program planners were cognizant of the key role



basic health training schools would need to play, if the change process was to be cost-effective and the results permanent

The decision was made to first target the University of the Philippines, with its College of Medicine and Nursing School and teaching hospital, Philippines General Hospital (PGH), as the most prestigious educational institution in the country. In the late 1980s, PGH was by no means a positive model for breastfeeding support. Like other similar institutions, it mimicked the standard practices of hospitals in the west — nursery care, prelacteal feeds, and widespread use of breastmilk substitutes.

In 1989 a strong team was identified for entry into Wellstart's LME Program, including the head of the pediatrics department (later the Dean of the Medical College) and a professor in the obstetrics and gynecology department of the Medical College, the medical director of PGH, and a nursing supervisor.

The first change took place in the training of house staff and nursing staff through regular offerings of the 18-hour course in lactation management. This was important because residents and nursing staff are key clinical teaching resources for medical and nursing students.

Secondly, the clinical or practical aspects of the curriculum was strengthened. There is now a stronger multidisciplinary approach, through the PGH Breastfeeding Committee. The curriculum content has been reviewed and teaching strategies have become participatory.

A strong additional impetus to the program came when two younger faculty members of the departments of pediatrics and ob/gyn became involved through the LME Program. They have now taken over the planning of the curricula with continuing support from their respective department chairs.

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A Key International Resource

The Philippines' work in the field of breastfeeding promotion has led to recognition of its achievements worldwide. UNICEF has featured Fabella Hospital and its creative implementation of Baby Friendly internationally, as mentioned earlier. Dr. Gonzales has served as adjunct faculty in Wellstart's LME Course and he and others have served as international consultants for UNICEF and WHO in the area of breastfeeding promotion. The Philippines participated in the first BFHI Master Assessor/Trainer Workshop in 1992 and since that time the National Center has trained teams from Myanmar, China, Malaysia, Thailand, Jamaica, Barbados, Vietnam, and Mongolia.

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The strategy of “south-south” exchange can be quite effective. A number of international delegations have visited Fabella for motivational purposes and to gather ideas and approaches. For example, a team of high-level government officials traveled from Mexico in 1992 to see “Baby Friendly in action” at Fabella and to discuss the Philippines’ implementation of low-cost, effective strategies for breastfeeding promotion. The group was very impressed and, as a result of the visit, they began full scale implementation of the MBFHI very quickly after their return. The fact that Fabella Hospital has 100 deliveries a day and serves, for the most part, a very poor, high-risk population, and yet has been able to make major changes within a limited governmental budget, makes it a powerful example. In addition, the medical director’s convincing personality and way of relating with other “CEOs” contributes to the success of Fabella and the National Training Center as a model for change.

Lessons Learned

- *Strategic involvement of decision-makers in advocacy conferences and key sessions of lactation management courses can greatly increase their financial and managerial support for needed changes.* Inclusion of Filipino decision-makers, such as Fabella Hospital’s medical chief and key DOH officials, in Wellstart’s LME Program, greatly increased the speed and effectiveness of policy and program change. The DOH itself has held a number of orientation and advocacy sessions specifically designed for hospital directors and other top managers, and the National Training Center at Fabella has systematically invited top hospital and regional health officials to appropriate sessions of its own lactation management courses. The wisdom of this approach was validated in a “natural experiment” at the provincial level. Administrators were included in the “spin-off” breastfeeding courses, but not in similar courses for control of diarrheal disease (CDD) organized by the MCH Services of the DOH. The MCH services director visited the provinces and reported that changes related to breastfeeding support had proceeded much faster than changes related to CDD.
- *Positive data regarding the cost-savings of breastfeeding promotion is a powerful tool for convincing hospital administrators concerned about the “bottom line.”* Part of the appeal of the changes at Fabella Hospital was the financial savings. Cost-savings data prepared by the medical director, as well as the fact that the changes were made without any outside donor support, showed that these changes were feasible for most developing country settings and more sustainable in the long run.

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- *Activities to strengthen the breastfeeding and lactation management content of medical and nursing school curricula should be included in all national breastfeeding programs, as a strategy for effective, long-term change* The changes in course content and clinical practice instituted by the departments of pediatrics and obstetrics and various nursing departments are already affecting the University of the Philippines' medical and nursing students, many of whom will go on to be leaders in their fields. The Department of Family and Community Medicine still needs to be more fully involved in the upgrading of breastfeeding management content, as it is its faculty that supervise the students during the community internships where much practical experience could be gained. The full potential for change has not yet been realized in the UP system, and strategies are definitely needed to engage the other medical and nursing schools of the country in the curriculum change process.

- *A strong partnership between the Department of Health and the associations for medical and midwifery schools needs to be fostered if long term success is to be achieved* Ideally, a conversion in the attitude of medical professionals should start early on in the medical schools and continue on in their practice. However, medicine is only the first step. For example, in the Philippines, the maternity care delivery system in the rural/semi-urban areas is largely handled by midwives. The midwifery curriculum should be assessed regarding breastfeeding content and successful approaches being used in medical schools should be adapted for midwifery programs.

- *Transformation of maternity practices in private hospitals is a challenge, but there are strategies that can greatly enhance the chances for success* In the Philippines strategies that seemed particularly helpful in successfully engaging the private health facilities in the BFHI included organization of well designed advocacy sessions for the hospital directors and top managers, working with key members of the various health professional societies to obtain their support presentation of creative solutions to problems faced by private hospitals such as potential loss of revenue from rooming-in, and targeting of prestigious private institutions (such as St. Luke's) that can then serve as models for

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Photo R. Gonzales

the others. Since policies and practices of private hospitals are to a large extent driven by demand, another important strategy has been to educate and convince the “clients” of these hospitals (middle- and upper-class families) of the advantages of “Baby Friendly” care.

- *“Seeing it all in action” can be a powerful motivator.* UNICEF has been well aware of the importance of this aspect of the educational and advocacy process, and has provided financial support for teams from neighboring countries and the high-level delegation from Mexico to spend time at Fabella and the National Center. This strategy proved well worth the investment, as it “jump started” the Initiative and contributed to wide scale change in a number of countries.
- *Multi-donor involvement in programs such as breastfeeding promotion can be particularly useful when the agencies provide different but necessary inputs.* In the case of the Philippines, for example, Wellstart International, with USAID support, was able to join with others providing intensive training for key administrative and technical teams, as well as follow-up support in areas such as program and center development, enhancement of clinical skills, etc. UNICEF was able to fund local activities such as the essential series of training-of-trainer courses, as well as to provide political pressure at the top. When combined with the hard work of dedicated national advocates, strong, creative leadership, and a committed government, this multi-donor support helped facilitate a wide-scale transformation of breastfeeding support in maternity wards throughout the country.

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