

## Country Case Study No 4

# Chile: The Power of Education to Influence Breastfeeding Practices

## Creating Awareness and Developing Knowledge

**B**reastfeeding in Chile was on the decline until the mid-1980s. As of 1985, 30% of mothers were breastfeeding their infants at six months, with only 41% full breastfeeding at that age.

In 1986, a Chilean pediatrician and an obstetrician entered Wellstart International's Lactation Management Education (LME) Program. They were supported by the Institute of Reproductive Health (IRH) at Georgetown University, in preparation for a research project on the Lactational Amenorrhea Method (LAM) for child spacing. Upon their return from the LME entry course, these Wellstart Associates trained other health professionals and began to make changes at the hospital and outpatient clinic of the Catholic University, including

- Prenatal education for mothers regarding breastfeeding,
- Shorter separation of mother and infant after delivery,
- Breastfeeding support and on-demand feeding during hospital stay, and
- Early follow-up at a lactation clinic for problems after discharge

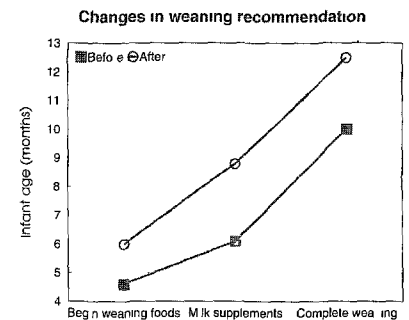
Also in 1986 the Chilean Pediatric Society organized a Lactation Committee. The two Wellstart Associates were invited to participate along with other physicians, nurses, nutritionists, and social workers involved in breastfeeding promotion. The Lactation Committee began offering lactation courses and conferences throughout

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Chile, and acted as a consultant body on breastfeeding policy and the International Code of Marketing of Breastmilk Substitutes

In 1990, a three-day dissemination workshop on lactation and LAM research was conducted at the Catholic University with support from the IRH and with participation of IRH and Wellstart faculty. Three hundred and sixty health professionals participated in the workshop, representing teams from all over Chile and other Latin American countries. Evaluation results two years after this workshop suggest that the knowledge acquired by participants led to changes in clinical practices in their own hospitals and clinics, including

- An increased percentage of participants working in prenatal care who taught breastfeeding techniques to mothers (94.5% vs 66.7%),
- An increased percentage of participants working in maternity wards recommended on-demand feeding (93.8% vs 66.8%),
- An increased percentage of infants received colostrum as their first feeding (90.6% vs 75%), and
- Extension of the average age recommended for initiating and completing weaning by two months (see figure)



## **Establishing Political Will in Support of Breastfeeding**

In 1991 the influence of two international events, the World Summit for Children and a meeting on breastfeeding promotion in Innocenti, Italy helped establish political support for breastfeeding in Chile

In 1992, the Baby Friendly Hospital Initiative (BFHI) was launched in Chile. A visit from the executive director of UNICEF New York helped create momentum for the BFHI, and the Chilean Ministry of Health (MOH) committed to having three Baby-Friendly Hospitals by 1993. UNICEF support was critical in getting the BFHI off the ground in Chile, including

- Participation of one Wellstart Associate in the UNICEF/Wellstart International BFHI Master Trainers/Assessors Workshop in San Diego, California,
- Hiring of a Wellstart Associate as national BFHI consultant,

- Preparation of teaching materials for the training of “Master Trainers” including syllabus, handbook, slides, and videos

At this same time, there was a reactivation of the MOH’s National Breastfeeding Commission, which existed throughout the 1980s but was ineffective due to a lack of technical expertise. Revision of standards and educational materials began at the national level, and a National Lactation Promotion Program was planned.

With the support of the MOH and USAID, six additional Chilean health professionals, including members of the National Breastfeeding Commission, entered Wellstart’s LME Program in 1992. During the entry course in San Diego, these Wellstart Associates developed a more detailed five-year National Breastfeeding Plan. Upon their return, the MOH approved and began implementing the plan.

The five-year National Breastfeeding Plan was centered around the BFHI and, in particular, the expansion of the BFHI to community clinics. A variety of activities was generated by the national plan, including

- Training of trainers from hospitals and community clinics in each of the 26 health regions of the country,
- Expansion of the BFHI to the community clinics and development of a corresponding Baby Friendly Assessment Tool,
- Replication of the training throughout the health regions, and
- Establishment of subnational lactation management training centers in some of the regions

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## Reaching a Critical Mass of Trained Health Professionals

The first BFHI training of trainers course in Chile was held in 1992, with multidisciplinary teams of health professionals from each of the first three hospitals selected by the MOH for participation in the BFHI. The 40-hour course included both didactic and clinical practice sessions with an emphasis on giving participants the knowledge and skills they needed to train others. It emphasized a multidisciplinary approach in which pediatricians, obstetricians, nurses, and others



Photo: Wellstart

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worked together to effect change. The approach taken in this course, developed from Wellstart's LME Program model, proved much more effective than previous lactation education efforts in Chile, based on the resulting multiplier effect. With the knowledge and teaching materials acquired, one year after the training of trainers course, the three participating teams had trained more than 300 health workers in their own hospitals and clinics and in neighboring institutions. Effects of the course and subsequent training on breastfeeding-related practices at the participating hospitals were also substantial. One year after the training, the hospitals had changed practices and were designated Baby Friendly.

## **Multiplier Effect of Training Efforts**

**B**ased on the success of the 1992 BFHI training of trainers course, similar courses were held for hospital and community clinic teams from around the country. The multiplier effect of lactation management education in Chile has been impressive.

<b>Year</b>	<b>Number TOT trained</b>	<b>Number trained by these Trainers</b>
1992	33 trainers	300 health workers
1993	67 trainers	4,200 health workers
1994	75 trainers	3,200 health workers
1995	100 trainers	1,500 health workers
1996	150 trainers	1,500 health workers
<b>Total</b>	<b>425 trainers</b>	<b>10,700 health workers</b>

## **Preservice Lactation Management Education: A Critical Component for Long-term Change**

**S**ustainability of strong breastfeeding promotion practices is being achieved in Chile through curriculum change in programs that educate future health professionals. While efforts in this area are ongoing, those that have been instituted to date have been very effective.

To begin to institutionalize lactation management knowledge and practices within the Chilean health care system, the Lactation Center of the Catholic University



(CELUC) hosted a three-day National Curriculum Modernization Course for Lactation Management Education in 1994. The course was organized by a MOH/Universities work group and sponsored by the National Breastfeeding Commission and UNICEF. Faculty members from every one of the Chilean universities with pediatric and obstetric programs attended the course. Participating institutions received a lactation management education syllabus, scientific references, slides, videos, posters, and the Breastfeeding Handbook for Health Professionals. This course had a widespread effect on inclusion and coverage of lactation management topics in medical, midwifery, nursing, nutrition, and pharmacy curricula throughout the country. Below are some examples of preservice curriculum changes.

- Lactation modules have been developed for some health professional students in medicine, nursing, and nutrition. In other schools, the topics have been included in existing modules,
- Small group trainings and clinical rotations in lactation management and in LAM have been added to medical, midwifery, and nursing school curricula,
- Questions on lactation management have been included in routine examinations for medical students, interns, and residents,
- One pharmacy school program now offers internships in breastfeeding counseling at community pharmacies.

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## Developing Regional Capacity in the Southern Cone

In 1996, a third team of Chilean health professionals entered Wellstart's LME Program. The principal goal of this team was to strengthen CELUC as a regional training center for the Southern Cone of South America. Since their return from the Wellstart LME entry course, the new Wellstart Associates have successfully expanded CELUC's role, to include

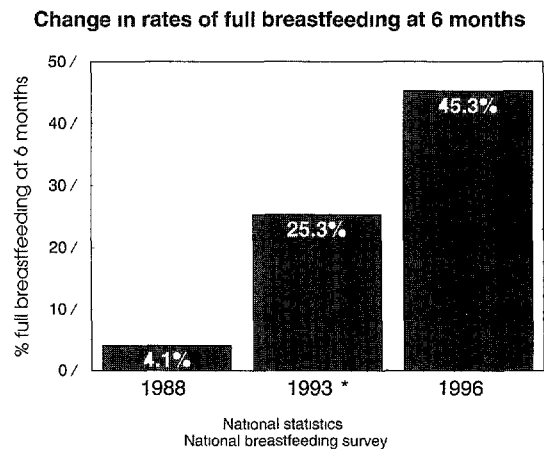
- Provision of two-week training courses on lactation and LAM,
- Outreach to the private sector by means of courses for teams of health care professionals from the private sector,
- Training for teams of health care professionals from other Southern Cone countries (to date, teams from Argentina, Ecuador, Uruguay, and Venezuela have attended CELUC's LME courses),
- Playing a significant role in curriculum change for health professional schools and training programs.

Now in the mid-1990s, due to the success of provider education programs, the emphasis of education can once again be refocused on mothers, families, and the general public.

## Current Breastfeeding Situation in Chile

Since its first BFHI training of trainers in 1992, Chile has moved forward at a rapid pace to make national-level changes related to breastfeeding. As of 1996, impressive accomplishments have been achieved

- Over 11,125 health professionals have received Lactation Management Education,
- Twenty hospitals and five community clinics have been certified Baby Friendly,
- Teams from all 26 health region facilities are working toward the expansion of the BFHI in their regions,
- The rates of full breastfeeding (breastfeeding with water only) at 6 months of age have increased from 4.1% in 1985 to 25% in 1993 and to 45.3% in 1996



## Lessons Learned

- *Though both must be addressed, institutional change must be focused on before community-level change can be successfully carried out* A central goal of breastfeeding promotion in Chile has been to ensure that mothers are receiving a single, unified message from all sources. While early breastfeeding

promotion efforts in Chile focused on community education, it was later decided that education for health care providers was the crucial first step to institutionalizing change. Until health providers give accurate, consistent messages, the community will continue to receive confusing and contradictory advice. Now in the mid-1990s, due to the success of provider education programs, the emphasis of education can once again be refocused on mothers, families, and the general community.



Photo UNICEF



- **Linking national efforts to international events is another powerful catalyst for change** This has been accomplished in several ways, including participation by key Associates in global policy meetings, research conferences (e.g. LAM/reproductive health), and even participation as members of a high-level delegation to the Vatican
- **Linking a national center with international experts can help develop regional credibility** Chilean Associates have had access to world-renowned experts in the field of maternal and child health through Wellstart, Georgetown University, UNICEF, and others. They have taken advantage of these contacts by inviting international experts to participate in their education and training efforts. This has helped to build a reputation for quality, and to attract participants and funding from Chile and other countries in the Southern Cone



*This case study was developed in coordination with Dr. Veronica Valdes, Pediatrician and Associate Instructor, Department of Pediatrics, Catholic University of Chile, and UNICEF Consultant for BFHI.*

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