Proposed intervention strategies for improving infant feeding in the first six months of life in Avian Park and Zwelethemba

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C Goosen, Division Human Nutrition, Stellenbosch University
MH McLachlan, Division Human Nutrition, Stellenbosch University
C Schübl, Division Human Nutrition, Tygerberg Academic Hospital
Opening statement

Exclusive breastfeeding in the first 6 months of life offers every newborn an equal and fair chance to a healthy start in life.

Two prerequisites:

1) Initiate breastfeeding
2) Practice exclusive breastfeeding
Research questions

In the first six month of life in Avian Park and Zwelethemba

1) What are the infant feeding practices?

2) What factors influence infant feeding practices?

3) What intervention strategies may improve infant feeding practices?
Methodology

In Avian Park and Zwelethemba (April – August 2011)

- **Cross-sectional community-based study**
  - Mothers of infants <6 months (n=140)
  - Infant feeding counselling questionnaire

- **Focus group discussions**
  - Mothers who breastfed exclusively/predominantly (2 groups, n=17)
  - Mothers who breastfed partially (2 groups, n=19)
  - Mothers who did not breastfeed (3 groups, n=21)
  - Fathers of infants <6 months (3 groups, n=26)
  - Grandmothers of infants <6 months (2 groups, n=20)
  - Health care workers working in child health (1 group, n=9)
**Key findings**

Breastfeeding practices* in Avian Park and Zwelethemamba (2011) are suboptimal

* Exclusive breastfeeding: Breast milk and prescribed vitamins, minerals or medicines
  Partial breastfeeding: Breast milk + nutritive liquids and/or food
  Predominant breastfeeding: Breast milk + non-nutritive liquids
(Early) Breastfeeding initiation is common
- 77% initiated breastfeeding
  → Early BF initiation (<1 hour): 95%

Reasons for breastfeeding are correct
- Nutrient profile
- Immunological profile
- Cost effective
- Bonding
The Worrying News

Reason for avoiding breastfeeding misinformed(?)

• All the HIV-infected mothers decided against breastfeeding
• Was it the most appropriate choice for child survival?
  → (Risk of HIV vs. gastroenteritis vs. undernutrition)

Poor formula feeding practices

• Overdilution / mixing milk with food to save/stretch milk
• Suboptimal hygiene control

Mixed feeding among breastfeeding mothers

• Various influencing factors
Ideally, interventions should be based on evidence of effectiveness.

- Proposed interventions can be incorporated into future research projects OR tested as pilot projects / operational research projects by implementation in selected facilities.
What good practices can we build on?

Build exclusive breastfeeding education on the positive findings that:

• Most respondents perceived breast milk as superior in nutritional and health benefits
• That most breastfed infants were put to the breast within one hour after birth
• And that breastfeeding is cost-effective

Highlight that in addition to the economic advantage of breastfeeding, breast milk is a superior product to formula milk based on its nutritional and protective qualities.
### How can we address barriers to breastfeeding initiation?

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Proposed intervention strategies</th>
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| Maternal HIV infection → Fear of HIV transmission to infant | Thorough baseline and follow-up infant feeding *training* for all counsellors and health care workers working at antenatal and postpartum/postnatal level.  

*Consistent* implementation of the WCDoH Infant feeding counselling guideline by *all* counsellors and health care workers to promote an informed and appropriate infant feeding choice among all women (irrespective of HIV status).  

*Include* infant feeding at HIV-related, and HIV at infant feeding-related talks / events / testing sites at schools / workplaces / community venues to *create an understanding* of breastfeeding in the context of HIV in communities to *promote a supportive environment* for all breastfeeding women (irrespective of HIV status). |
### How can we address barriers to exclusive breastfeeding?

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<th>Challenges</th>
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| Conventional thinking  
  - Infants need water, gripe water, behoedmiddel.  
  - Milk alone does not satisfy the infant.  
  - Crying = Hunger  
  - Beliefs (AP) that breast milk affected by emotions / actions of mothers.  
  - Incorrect advice from elder generations.  
  - Fathers offer support by giving formula milk / food. | Key role players at home (grandmother / father / sibling / friend) to **attend** antenatal and postnatal care **with** mother (Infant feeding buddy system piloted in Eastern Cape with positive outcomes).  

*Intensify* health education on addressing the specific **barriers** to exclusive breastfeeding at antenatal and postpartum/postnatal level.  

To promote better understanding of feeding recommendations, infant feeding information sessions and IEC material should explain **why** certain conventional practices are unnecessary and may cause harm.
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  - Milk alone does not satisfy the infant.  
  - Crying = Hunger  
  - Beliefs (AP) that breast milk affected by emotions / actions of mothers | Use *participatory* approaches to enable mothers to develop negotiating skills to build their *confidence* and *empower* them to defend their feeding choices and practices. |
| Incorrect advice from elder generations.                                  | Crying behaviour should be *discussed* routinely during antenatal and postnatal information sessions to sensitize women and role players to the *various possible reasons* for crying. |
| Fathers offer support by giving formula milk / food.                      | *Community-based events* for key role players (e.g. “Grandma teas”) focused on feeding support can be held in school halls / community centres / libraries / crèches. |
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<td>Inadequate infant feeding education and support by the health system:</td>
<td>District health system should evaluate the staff complement and workload to determine the <em>real</em> need (more staff versus better time management).</td>
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<td>High workload / lack of time</td>
<td>Group counselling sessions <em>combined</em> with IEC material if individual sessions cannot be provided.</td>
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<td>Pamphlets and posters replaced infant feeding education</td>
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<td>Messages not always understood</td>
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<td>Mothers turned to community for advice / follow own ideas</td>
<td>Daily Q&amp;A session on infant feeding in a <em>specific room</em> at the health facility at a <em>specific time</em> open to antenatal and postnatal clients and supporting role players.</td>
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<td>Lack of community-based postnatal support</td>
<td>Consider the role and capacity of <em>Community Care Workers</em> as a postnatal follow-up strategy in at least the first 6 weeks after birth.</td>
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<td>“Breastfeeding houses” suggested by communities: People in the community who are willing to assist with breastfeeding are identified and trained in infant feeding support and mothers are then allowed to go to their homes for advice and support.</td>
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<td><em>MBFI accreditation</em> of both birthing units will promote the implementation and expansion of the last of the Ten Step to Successful breastfeeding (establishing breastfeeding supports groups) can be supported by the health system in full partnership with the communities.</td>
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| Mothers separated from their infants → Return to work or school | Antenatal and postnatal counselling should  
  • *Prepare* working and school-going mothers on feeding when separated from their infants  
  • Emphasize the *value* of expressing breast milk to maintain breastfeeding  
  • Empower mothers with the *knowledge* and *skills* to express breast milk successfully  
| Key role players at home (grandmother / father / sibling / friend) to *attend* antenatal and postnatal care *with* mother and Community-based health events to include information on expressing breast milk to empowered key role players to support and motivate mothers to express breast milk.  
Collaborate with the Department of Labour and DoE to protect maternity benefits while also educating *employers* and *schools* on how they can *support* breastfeeding mothers by providing them with adequate facilities and time to express breast milk. |
Future research

• The duration and quality of routine infant feeding counselling sessions.

• Factors influencing the development of mothers’ reasoning and negotiation skills on infant feeding.

• Factors influencing fathers’ perceptions about infant feeding and infant-specific food products.

• Acceptable pathways for communicating infant feeding information to men.
Thank you