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Maternal and Child Survival Program

Addressing Barriers to Exclusive Breastfeeding in Nampula, Mozambique:

Opportunities to Strengthen Counseling & the Use of Job Aids

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Today's presentation

- Objectives
- Methods
- Key Findings
- Program Implications
- Breastfeeding Gear Model

Study Team

Name	Role	Institution
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Country Context of Mozambique

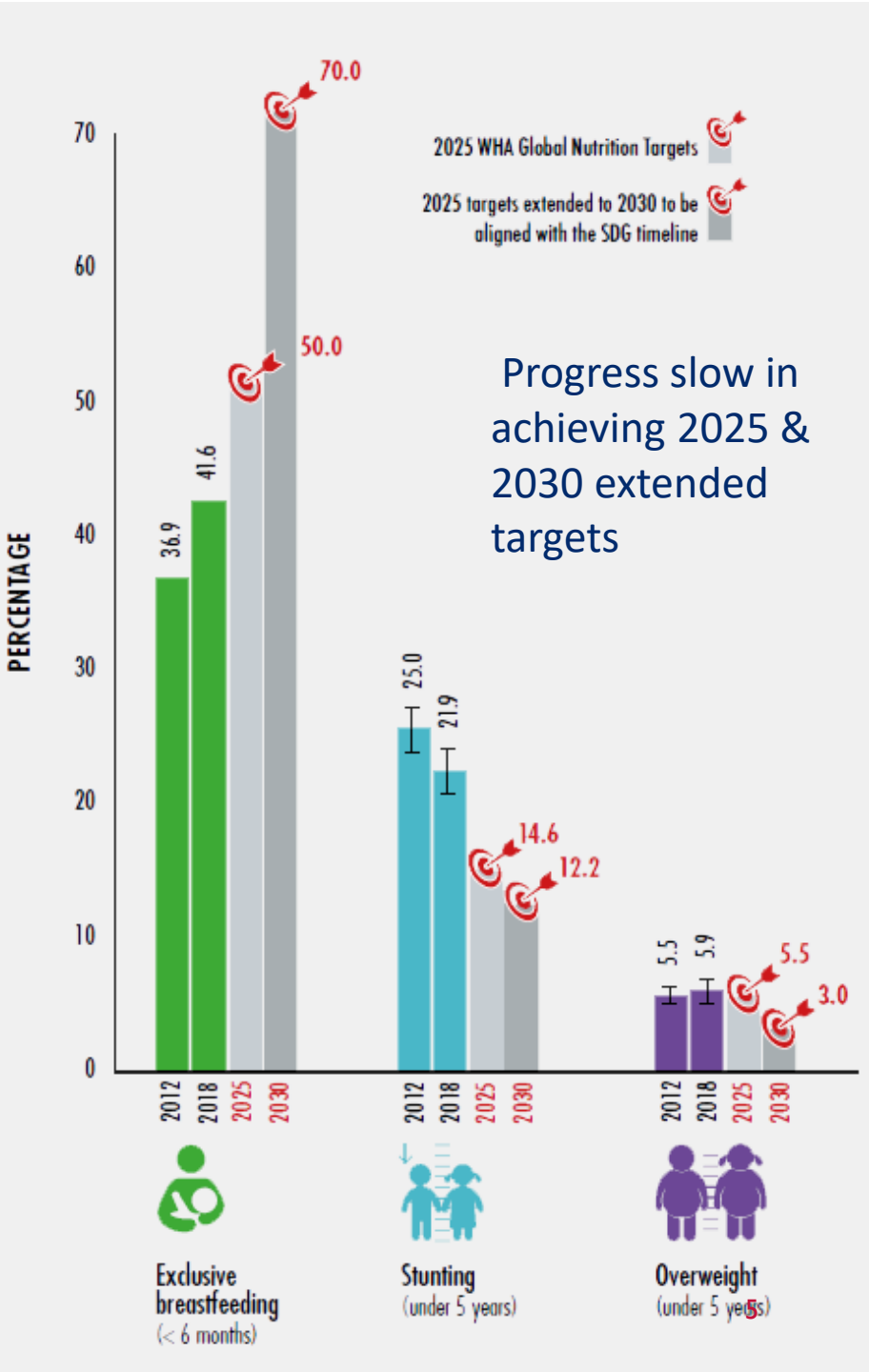
Population	**29.7 million**
Under-5 child mortality rate	104/1000
Stunting	43%
Delivered in health facility	70%
Early breastfeeding initiation	77%
Exclusive breastfeeding 0-5 months of age	43%
Exclusive breastfeeding by 4-5 months of age	27%

Slow progress in EBF
Evidence needed on "how" to strengthen provider competencies

GUIDELINE:

COUNSELLING OF WOMEN TO IMPROVE BREASTFEEDING PRACTICES

WHO, 2018 & FAO, IFAD, UNICEF, WFP and WHO. 2019.



Progress slow in achieving 2025 & 2030 extended targets

Study Objectives

1. Identify **problems and challenges with exclusive breastfeeding (EBF)** experienced by mothers in rural and semi-urban areas in Nampula, Mozambique.

2. Gain an understanding of **mothers' care-seeking patterns** for addressing the identified breastfeeding problems and challenges.

Study Objectives

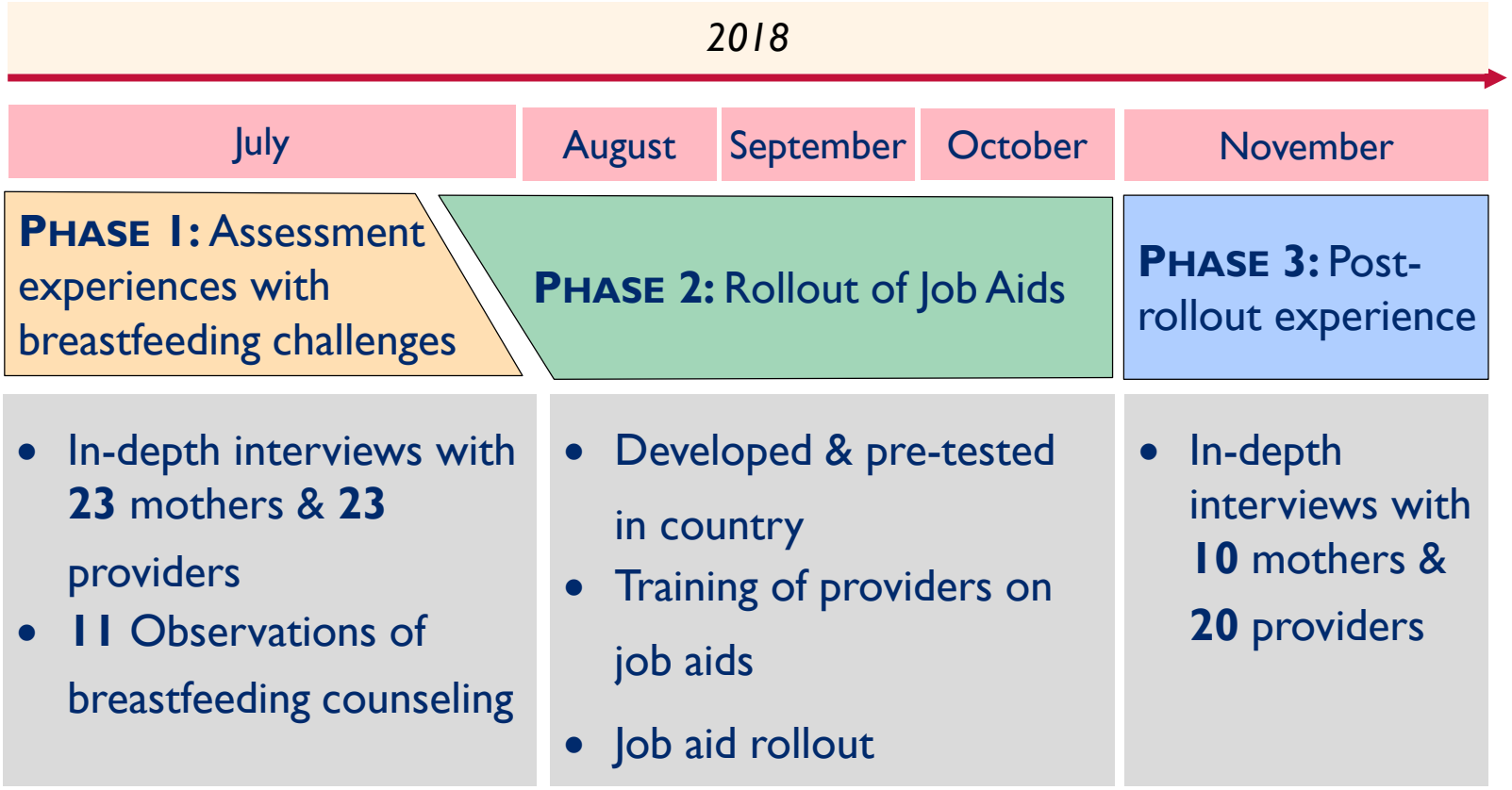
3. Gain an understanding of the **quality and type of counseling on breastfeeding problems** and challenges currently provided by facility and community-based health providers.
4. Assess the **usefulness of job aids** to improve counseling on barriers to EBF among facility- and community-based health providers and identify ways to improve it through its use within existing service delivery entry points.

Geographic Scope: Study Sites

Nampula province, Mozambique

Sites selected due to existing community structures, MCSP project activities, and physical accessibility. Sites are representative of geographic and cultural differences with regards to breastfeeding practices

Study Phases and Timeline



Inclusion Criteria

- Mothers of infants aged 0-5 months:
  - Reside in study sites
  - At least 18 years old
  - Healthy infant born at least 35 weeks gestation
- Facility and Community-Based Providers
  - Work in Nampula province -MCSP-supported communities
  - Provide nutrition and child health services
  - *Phase 3 only:* trained on and used the materials

Study Participant Demographics

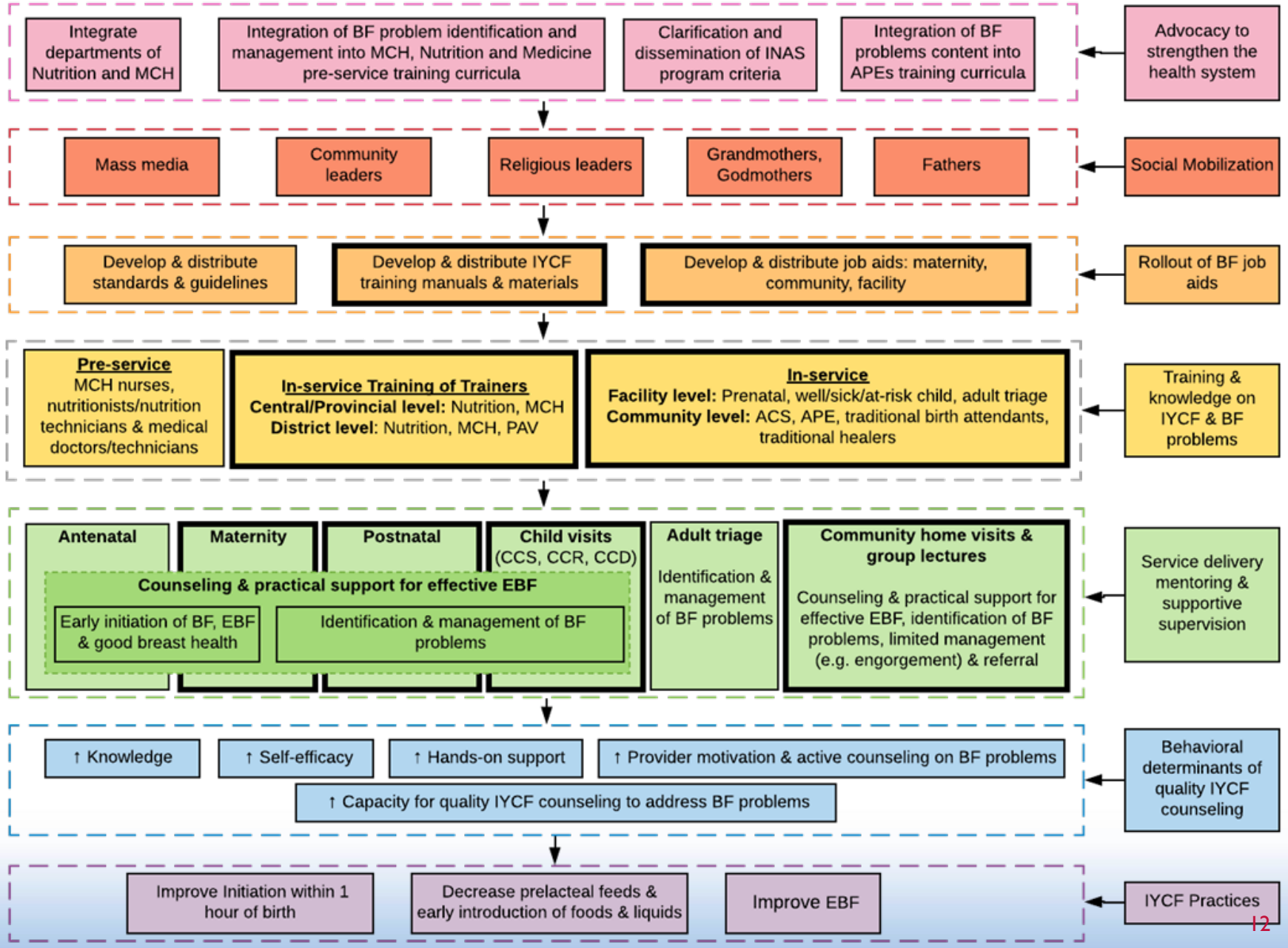
Mothers

	Mean (range)
Age	22 (18-33)
Infant age (months)	2.9 (1-5)
Education	**N**
< Primary school	15
> Primary school	8
Work status	
Working outside home	14
Not working outside home	7
Maternity leave	2

Health Providers

	Facility	Community
	Mean (range)	
Age (years)	29 (23-35)	43 (29-56)
Sex	N	
Female	8	6
Male	2	7
Years experience		
< 3	3	1
3 - 10	7	8
> 10	0	3

Program Impact Pathways (PIP)- Topics explored



Phase 1 Findings: Common problems that impede exclusive breastfeeding: insufficient breastmilk

- Mothers and community-based health providers believe that **during the first two days** some mothers do not produce any breastmilk.

> *[During the first two days after the baby was born] I breastfeed anyway, he sucked and did not find anything until the next day that the milk began to come out.* – Mother, Mogovolas

> *In the first days, they have been having many difficulties, because some mothers spend two days without breastmilk coming out.*
> —Community-based provider, Mogovolas

Phase 1 Findings: Common problems that impede exclusive breastfeeding (EBF)

In the first days of life:

- **Latching problems** (improper latch, positioning and sore nipples) & **breast engorgement** were key barriers
- Few mothers discard colostrum

*The majority of mothers have problems in the first days after giving birth at the beginning of breastfeeding (...) there have been mothers who have a **swollen breast** and this causes pain because the baby cannot suck all the milk (...) there are other women who have **cracked nipple** problems.*

- Community-based health provider, Meconta

Phase 1 Findings: Common problems that impede exclusive breastfeeding: insufficient breastmilk

- Concerns about insufficient milk **until 3 - 4 months of age** → caregiver perceives infant is *thirsty and hungry* & offers porridge/water.

> *Some say, my baby is nursing a lot, he is hungry, he gets weak, so to avoid it I have to give my son something because then he goes to sleep, he fills up and I can stay an hour or two without the baby waking up.* – Facility-based provider, Mogovolas

Mothers and providers felt improving maternal diet was key to management of insufficient breastmilk

- There was consensus among mothers and providers that improving maternal diet was the most important strategy for managing insufficient breastmilk
- Advice to consume fresh cassava, peanuts, beans, fresh vegetables

I had a baby and because **I stayed for one day without having milk I was advised to eat peanuts, cassava, and beans** to stimulate the milk let down. When mothers know that they do not have enough milk they must eat a lot, (…) as long as they are healthy and eat the recommended foods for producing enough milk for a child, the [mother's] body itself helps for this [milk production] to happen - *Community-based Health Provider, Mogovolas*

Referral for Infant Formula National Institute of Social Protection as a means to resolve breastfeeding insufficiency is an issue

Some providers referred mothers to obtain infant formula to resolve perceived insufficient breastmilk

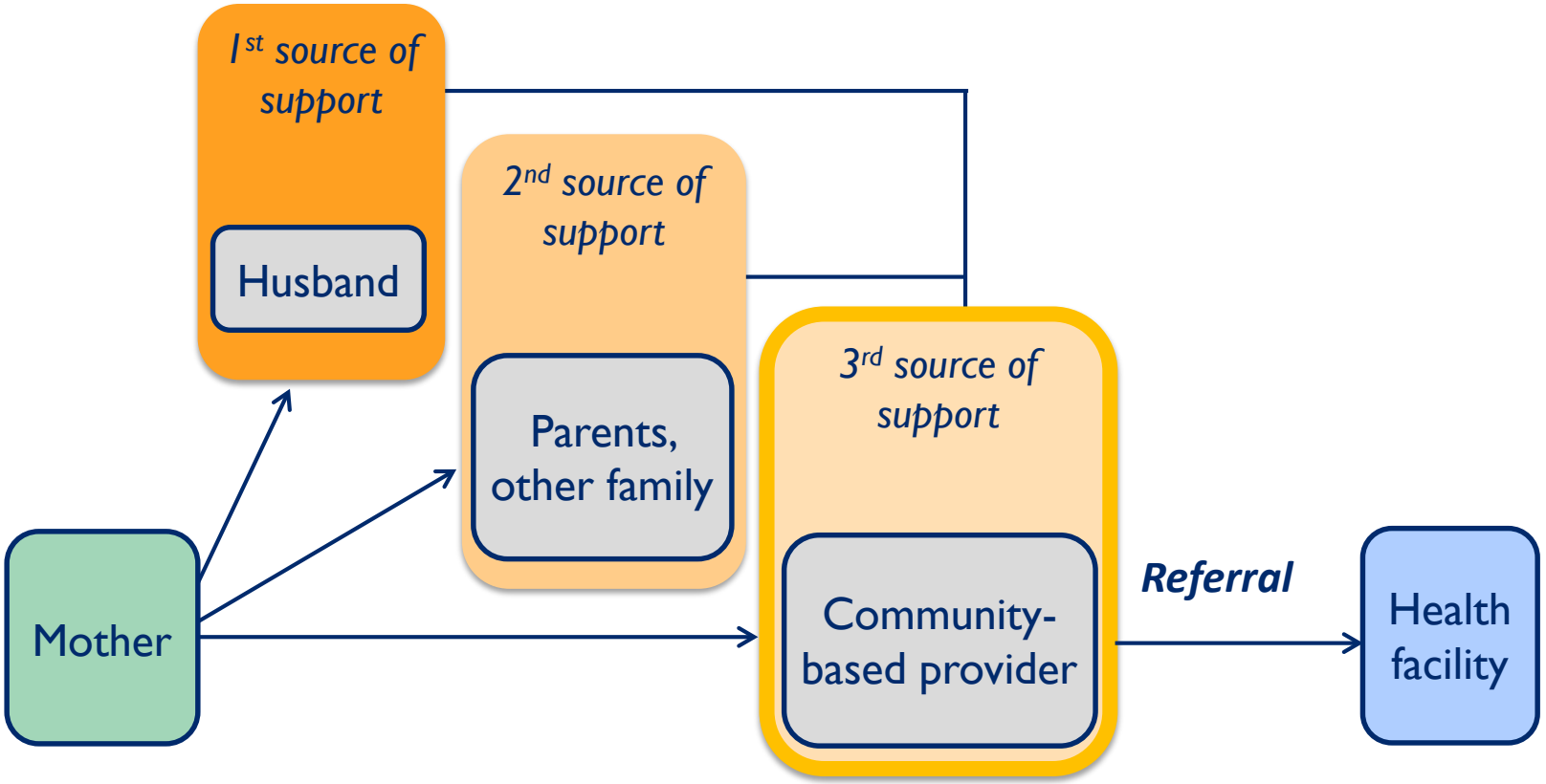
There are cases where the mother no longer produces enough milk and when we know that this **mother is not producing enough [breast]milk we advise her to practice mix feeding**. Some mothers can buy [formulas] and others can't. For these ones we provide them with a written referral to 'Acção Social' along with the statement of the community leader and then she starts receiving milk. - *Facility-based Health Provider, Meconta*

Counseling Observation Findings

Content

- Counseling sessions were short, leaving insufficient time to effectively counsel on BF problems
- No provider asked for BF history or assessed BF latch or positioning
- The majority of providers did not use counseling best practices
- Most providers counseled on not feeding water or other food other than breastmilk for the first 6 months

Phase 1 findings: Mothers' sources of support for breastfeeding



Phase 1: EBF counseling & support at routine contacts is limited

Community level: Little counseling to help prepare women for BF challenges

Facility level: Group talks covered broad topics, seldom BF

Facility level:

- Provider counseling on BF positioning and skin-to-skin
- Lack of self efficacy in counseling on importance of colostrum and early initiation

Community level: CHWs refer most BF problems to the health facility – lack of self-efficacy & training

Facility level: Group BF promotion talks yet, individual counseling not provided unless infant weight gain issues are identified

Pregnancy | Childbirth | Postnatal / Child Visits

Phase 2: Development of 3 Job Aids

Maternity Ward Provider Job Aid

REPÚBLICA DE MOÇAMBIQUE
Ministério da Saúde

MATERIAL DE APOIO PARA PESSOAL DE SAÚDE QUE APOIA O ALEITAMENTO MATERNO NA MATERNIDADE E PARTEIRA TRADICIONAL

1. Apoie a mãe a colocar o seu bebé pele-a-pele logo após o parto e por pelo menos uma hora.

- O contacto pele-a-pele ajuda a acalmar a mãe e o bebé e ajuda a estabilizar o batimento cardíaco e a respiração do bebé.
- O contacto pele-a-pele promove o início da amamentação na primeira hora.

Explique a mãe:

- O bebé deve ficar junto a si para ele ficar quentinho e encontrar a mama facilmente.
- Iniciar cedo a amamentação ajuda o bebé a aprender a mamar bem.
- Iniciar cedo a amamentação ajuda a reduzir o seu sangramento após o parto.

2. Incentive a mãe a dar o colostro ao seu bebé.

- O colostro é muito rico em nutrientes e tem água para o bebé.
- O colostro transfere imunidade da mãe para o bebé, protegendo-o de doenças.
- O colostro ajuda a passar o mecónio, as primeiras fezes escuras e pegajosas.

Explique a mãe:

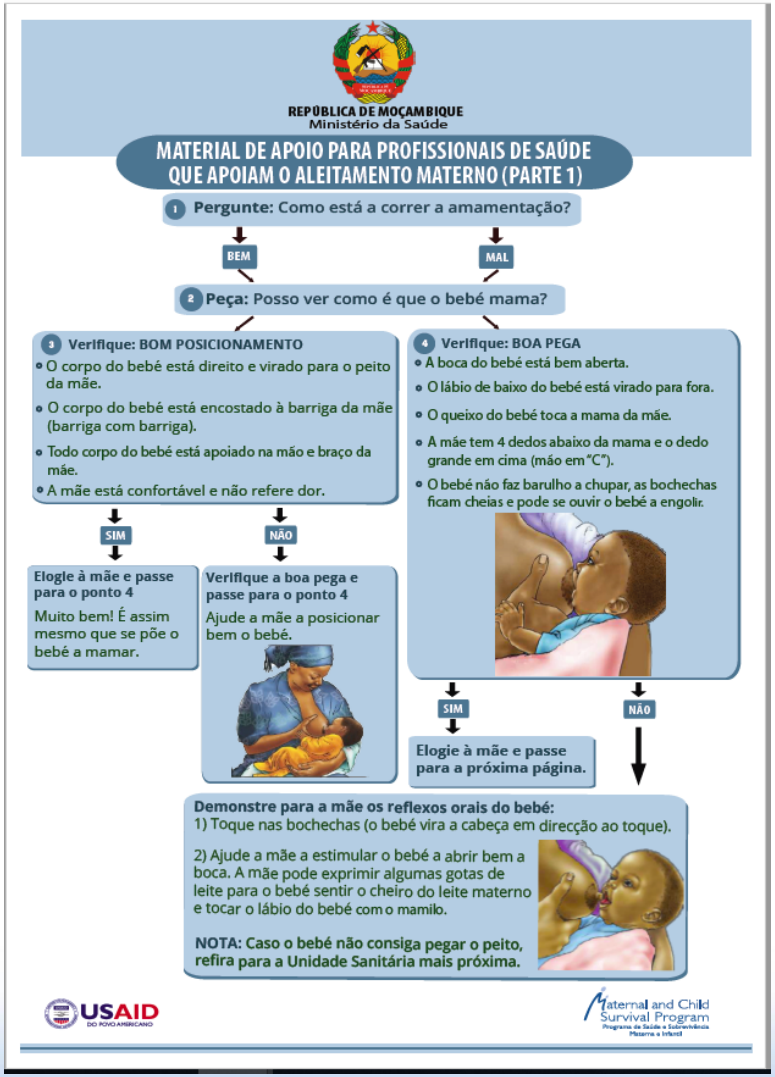
- Nestes primeiros dias vai sair um leite grosso, que pode ser um pouco amarelo ou de cor clara, que se chama colostro.
- O colostro tem muitas vitaminas e é bom para o seu bebé.
- O colostro é como a primeira vacina do bebé, que lhe protege de todas as doenças que a mãe já teve.

10 steps to ensure early initiation and optimal BF practices immediately following delivery

Facility-based Provider Job Aid

Flowchart format with 3 parts:

1. Observe breastfeeding and ensure good latch and positioning
2. Discuss responsive feeding and how to maintain milk supply
3. How to manage a variety of BF problems



Community-based Provider Job Aid

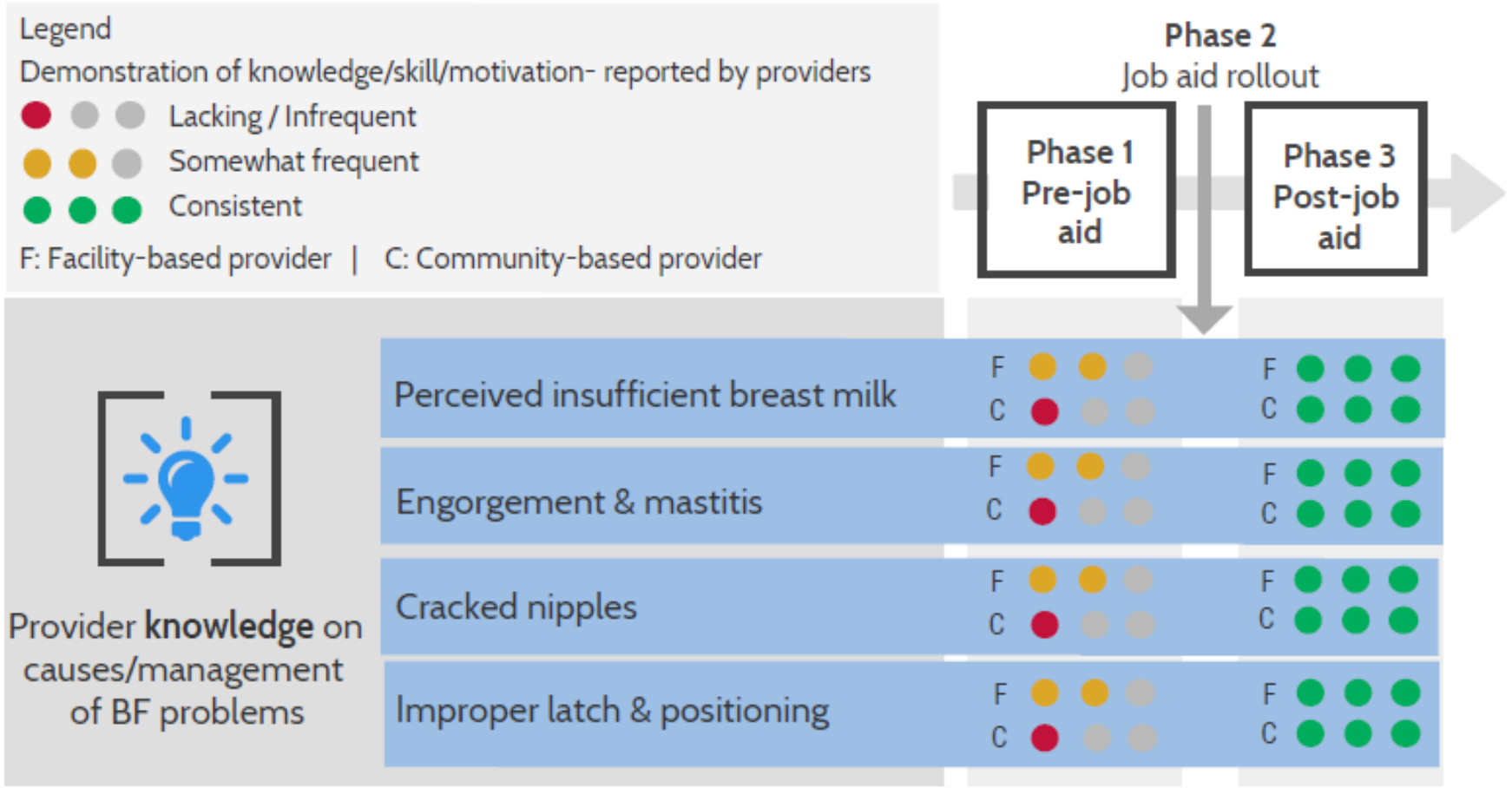
Flowchart format with 3 parts:

1. Observe breastfeeding and ensure good latch and positioning
2. Discuss responsive feeding and how to maintain milk supply
3. How to counsel on BF problems before referring to a health facility

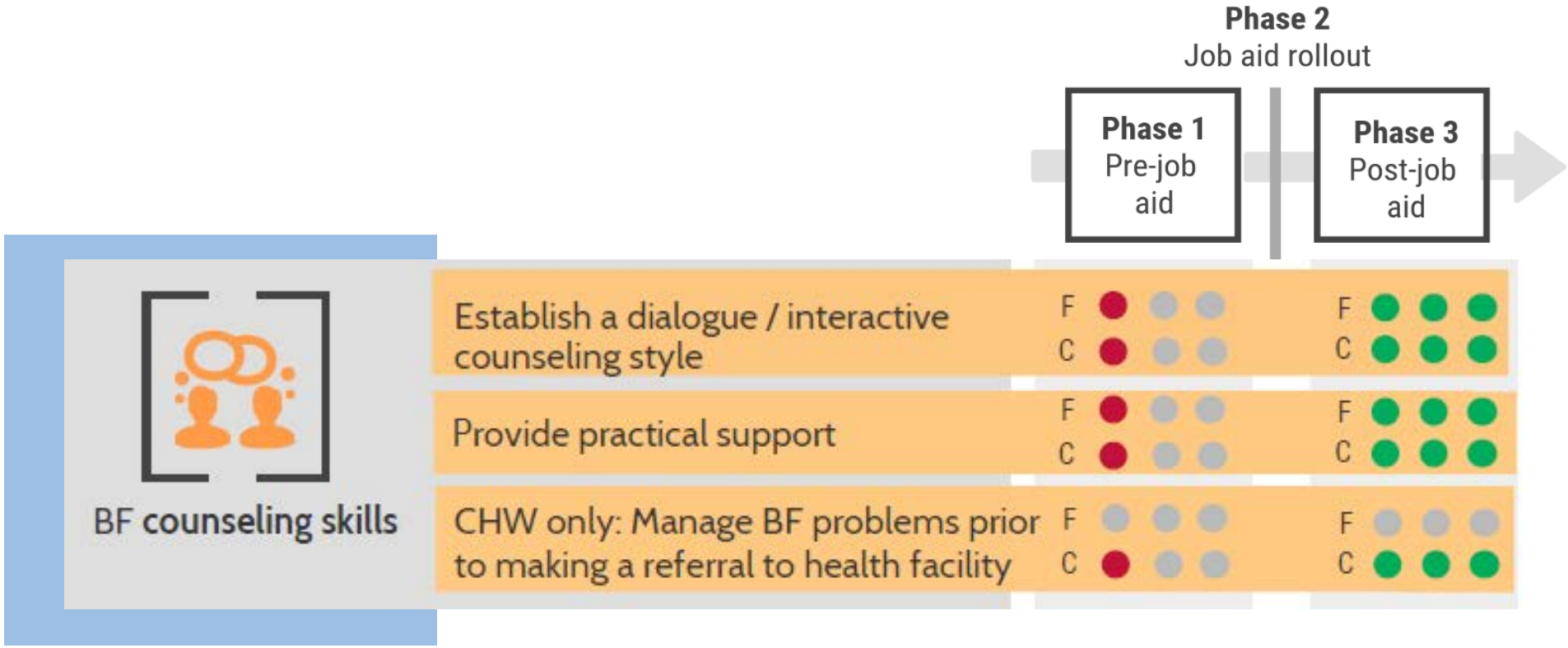
Phase 3 Findings: Job Aid Use

- Facility- and community-based providers incorporated job aids into individual and group counseling
- Providers showed the job aid images to the women they counseled, aiding provider explanation and mothers' comprehension
- Job aids used to identify, resolve and *prevent* breastfeeding problems

Phase 3 findings:
Job Aid Impact: Provider Knowledge



Phase 3 Findings:
Job Aid Impact: Improved counseling skills



Phase 3 Findings:
Job aids facilitated provision of practical support

Phase 1: Pre-Job Aid

I only know how to give the mother a talk to give breast milk until 6 months, those techniques to get attached to the breast I did not know.

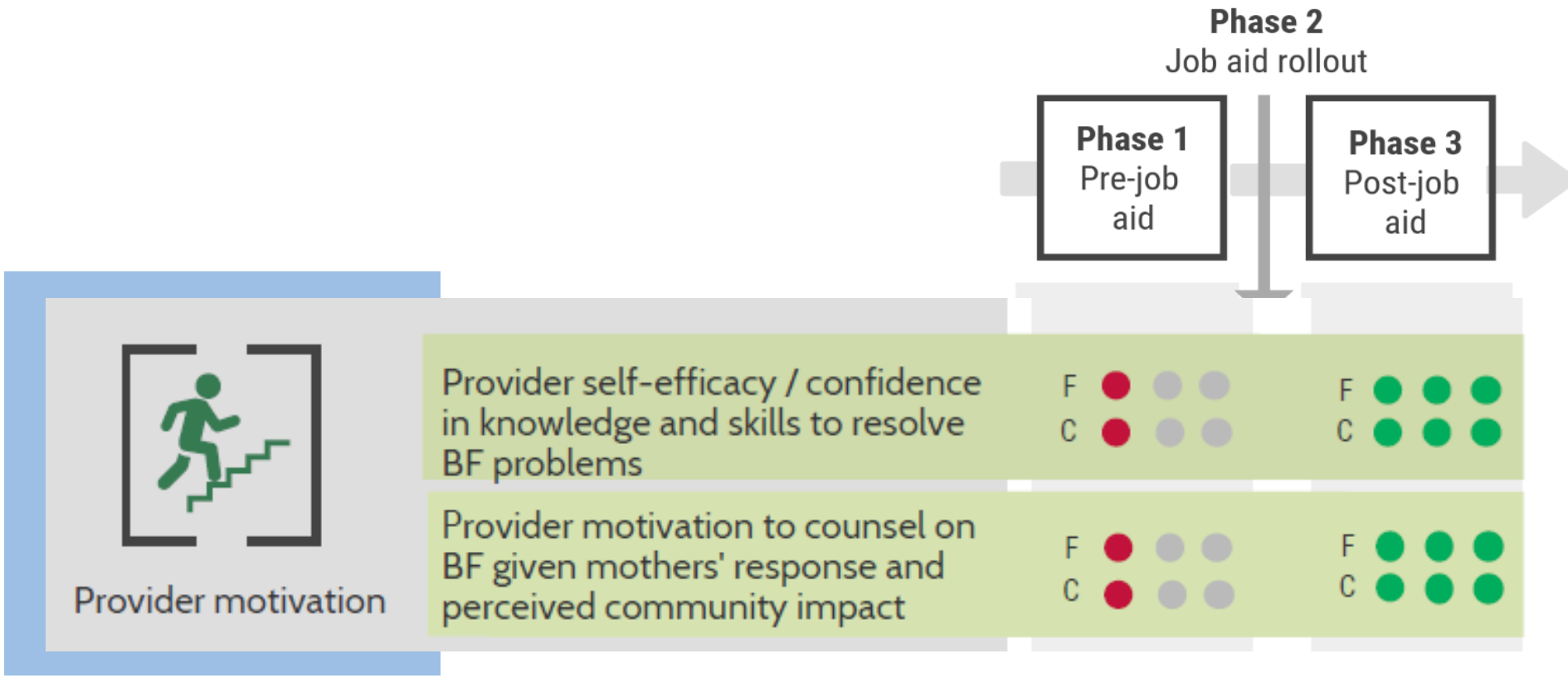
- Facility-based health provider, Mogovolas

Phase 3: Post-Job Aid

To demonstrate the latch… I watch each mother and see how the baby is doing the suction. I say, 'this is correct', if not I say, 'you are breastfeeding, but it does not have to be in this way, it has to be this way.' And also the mothers see those images [in the job aid], because first I have to do the talk with the job aid, then execute what is in the job aid.

– Facility-based provider, Mogovolas

Phase 3 Findings:
Improvements in provider motivation

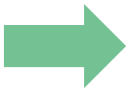


Phase 3 Findings:
Job aids increased provider self-efficacy

Phase 1: Pre-Job Aid

I did not give much advice I cannot lie, nor explained what to eat and how to breastfeed because we did not learn, I only give advice to the mother of what I was trained.

– Community-based provider, Meconta



Phase 3: Post-Job Aid

Now that I have this material that is very good, the information that I give is accurate (…) Now with this material, we talk and the mother can see the images that correspond to what we speak. (…) People used to hardly accept [our advice], but not today.

– Community-based provider, Meconta

Phase 3 Findings: Improvements to Job Aids

Most providers found the job aid helpful and easy to use.

Proposed modifications to the job aids	
Content	• Simplify wording for low literacy community-based providers and mothers • Translate job aids into local language of Macua
Format	• Enlarge images to show mothers • Provide poster size for health facilities & pocket-size for home visits • Reformat into booklet format with page numbers

Programmatic Implications

- Job aids can build providers' skillsets and competencies to provide quality lactation support and counseling
- Integrate clear lactation management guidance into pre-service and in-service curricula & supportive supervision
- Validate/roll out job aids to complement existing IYCF counseling materials & Baby Friendly Hospital Initiative
- Task shift to community-level providers for comprehensive breastfeeding support

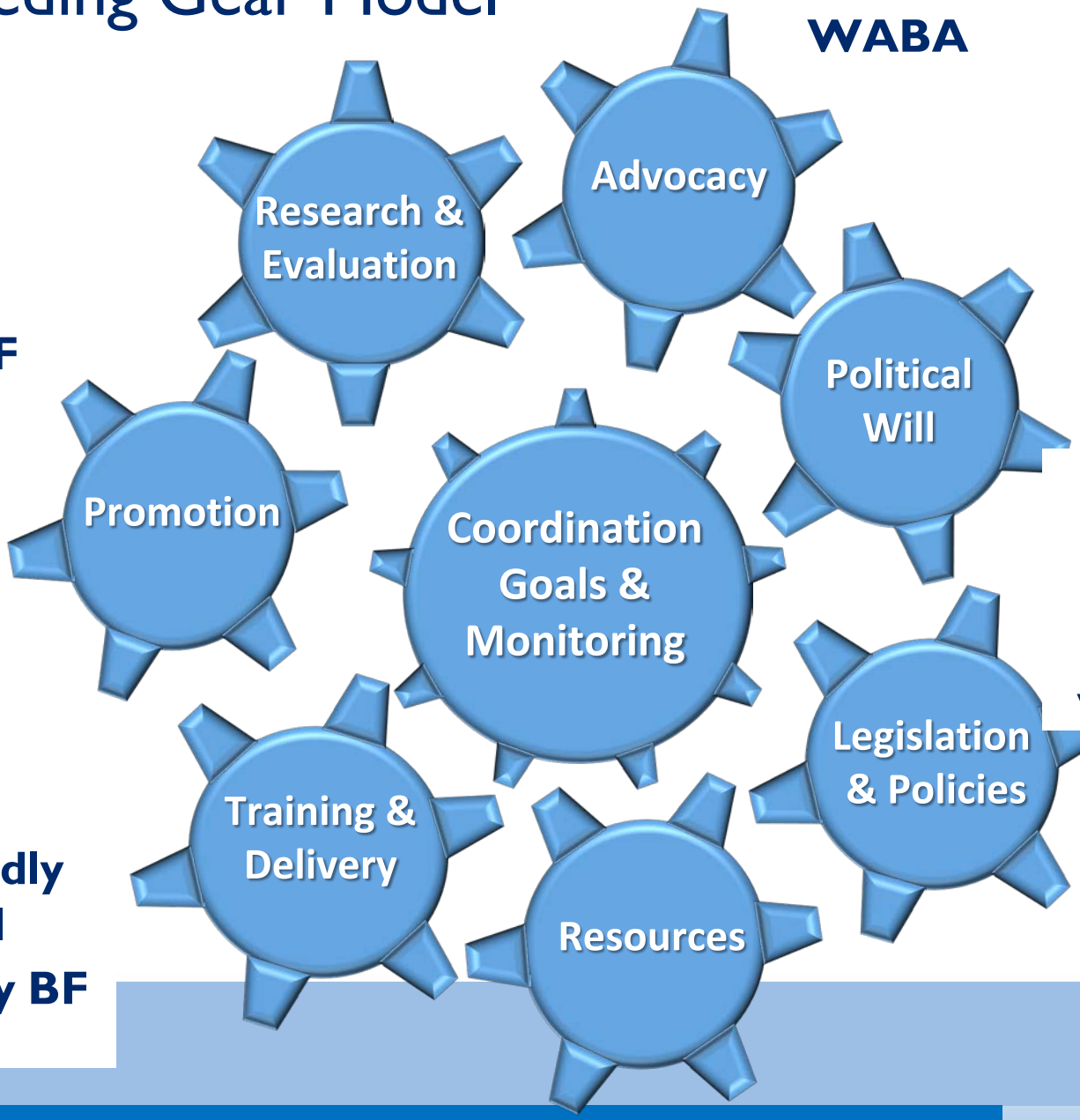
Key Report Recommendation

"Short-term and long-term investments to improve breastfeeding counseling services during routine contact points and the implementation and sustainability of large-scale improvements in breastfeeding counseling in Mozambique would benefit from employing the Breastfeeding Gear Model (BFGM) as a framework."

Buccini, Pérez-Escamilla, Kavle, Picolo, Barros & Dillaway (2019)

Breastfeeding Gear Model

IBFAN
WABA



World BF Week

Maternity Leave
Work Day Breaks
WHO Code

Baby Friendly Hospital
Community BF support

Pérez-Escamilla R, Curry L, Minhas D, et al. *Adv Nutr* 2012 Nov 1;3(6):790–800

Potential BF Policy Opportunities

Training & Delivery Gear

Improve breastfeeding friendly health facility-community links

- Improve BFHI coverage and quality
- Fully incorporate community level structures involving 'activistas', government community health workers, model mothers and peer-to-per support, and traditional birth attendants
- Breastfeeding friendly community activities should also be incorporated as part of health programming including immunization, diarrhea, micronutrients, and family planning

Training & Delivery Gear

Improve pre-service and in-service education and training in breastfeeding counseling

- Emphasize anticipatory guidance, and practical training for prevention of lactation problems as well as clinical management of lactation problems including sore nipples, breast engorgement, and mastitis
- Supportive supervision and on-the-job training
- Coverage and quality must be addressed

Protection, Promotion, Evaluation & Coordination Gears

- Strengthen breastfeeding protection measures
  - Improve paid maternity benefits to women in the formal and informal sectors
  - Full implementation and enforcement of WHO Code for Marketing of Breastmilk Substitutes
- Behavior change communication campaigns
  - Advocacy and champions
  - Address whole family and society at large
- Intelligent rapid response monitoring and evaluation systems

Conclusions

- BF counseling is essential for successful scale up of breastfeeding programs.
- Study shows that there is a need to strengthen health care systems to improve coverage and quality of BF counseling in Mozambique.
- In addition to BF counseling other measures including social support, BF protection, behavior change communication campaigns, and monitoring and evaluation systems are needed.
- BBF initiative (based on BFGM) may be helpful in Mozambique (bbf.yale.edu)

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Thank you!
Obrigada!