

Western Cape
Government

Health

Establishment of Infant Feeding Support System in Mfuleni

Megan Marais
B.Sc Dietetics (UWC)
Senior Dietitian
Khayelitsha/Eastern Substructure

Outline

- Literature
- Operational Plan
- Progress



Support for Breastfeeding Mothers Review

WHO Recommendation: “infants should be exclusively breastfed until six months of age with breastfeeding continuing as an important part of the infant’s diet till at least two years of age”

- There is extensive evidence on the **short-term and long-term health risks of not breastfeeding** for both infants and their mothers.
- Many mothers **stop breastfeeding** before they want to as a **result of preventable problems**.
- Early **discontinuation** may cause disappointment and distress as well as **health problems** for both mothers and their infants.
- Support for breastfeeding can include giving reassurance, praise, information, and the opportunity to discuss and to respond to a mother’s questions.
- This review looked at whether providing extra support for breastfeeding mothers, from professionals or from trained lay people or both, would help mothers to continue to breastfeed when compared with providing standard maternity care.
- The **review found 52 randomised controlled studies from 21 countries that included more than 56,000 women**.

Support for Breastfeeding Mothers Review

Result:

- **All forms of extra support**, analysed together, **showed an increase** in the length of time **women continued** to breastfeed and the length of time women **breastfed without** introducing any other types of liquids or foods.
- **Support** by both lay supporters and professionals had a **positive impact on breastfeeding outcomes**.
- **Face-to-face** support was associated with a **larger treatment effect** than telephone support. Support that is only offered if women seek help is unlikely to be effective.
- This indicates that **women should be offered** predictable, scheduled, **ongoing visits**. Interventions providing extra support had a more pronounced effect when background rates of breastfeeding initiation were high.

The effect of individualized professional support on duration of breastfeeding: a randomized controlled trial.

- RCT in Toronto
- randomly assigning 51 women to conventional postpartum nursing care or to individualized professional support that continued into the community

Result:

At four weeks postpartum, 68% of the women receiving conventional postpartum support continued to breastfeed, while 100% of the women receiving individualized support continued to breastfeed.

Education and postnatal support strategies for improving rates of exclusive breast feeding: randomised controlled trial

Objective :

To investigate whether antenatal breast feeding education alone or postnatal lactation support alone improves rates of exclusive breast feeding compared with routine hospital care.

Participants : 450 women with uncomplicated pregnancies in a tertiary hospital setting.

Outcomes:

Rates of exclusive breast feeding at discharge from hospital and two weeks, six weeks, three months, and six months after delivery.

Results:

- Compared with women who received routine care, women in the **postnatal support group** were **more likely** to breastfeed exclusively at two, six weeks, three months , and six months postnatally.
- Women who received postnatal support were more likely to exclusively or predominantly breast feed two weeks after delivery compared with women who received antenatal education .
- The **rate of any breastfeeding** six weeks after delivery was also **higher in the postnatal support group** compared with women who received routine care.

Education and postnatal support strategies for improving rates of exclusive breast feeding: randomised controlled trial

Antenatal breast feeding education and postnatal lactation support, as single interventions based in hospital both significantly improve rates of exclusive breast feeding up to six months after delivery.

Postnatal support was marginally more effective than antenatal education.

Conclusion

All forms of postnatal support has a profound impact on the duration of Breastfeeding



Operational Plan: Mfuleni, Khayelithsa/Eastern Substructure

Current systems in place:

- Data reflected poor breastfeeding rates at 14 weeks
- Post MBFI assessments, mothers are often requested to return to the birthing unit for on-going support
 - Opportunity to Strengthen Step 10
- Postnatal mothers are reluctant to return back to birthing unit or support groups due to various social circumstances

What more can I do?



Infant Feeding Support System

Aim:

- To empower mothers to optimally feed their babies by providing them with on-going support
- To promote exclusively breastfeeding for the first 6 months.

Methodology

- Engaged with local NPO: **Afrika Tikkun**
- Trained Community Care Workers (CCW) on Western Cape DoH Infant Feeding Counselling Guidelines
- Some IMCI trained CCW's received 20 Hour Lactation Management training
- Formed links between Primary Health Care facility specifically the BANC sites at **Mfuleni CHC & Dr Ivan Toms Clinic**
- Identified CCW to do Breastfeeding promotion at the Banc Sites

Infant Feeding Support System

On-going support:

- Formed links with Birthing units servicing the Mfuleni area
- All postnatal mothers from Mfuleni to be referred to Afrika Tikkun - emphasis on high risk categories.
- Afrika Tikkun to send out a trained CCW to support a mothers wrt Infant Feeding by using the Postnatal Infant Feeding Form.
- Follow-up visits will be aligned with Immunisation schedule (IMCI follow ups)- initial visit, 10 weeks, 14 weeks, 6 months
- CCW will use Standard Minimum Content as a reference tool.

Infant Feeding Support System

Progress: April- June 2014

80 Community Care Workers are trained in **IYCF Counselling**

6 identified CCW are trained in **20 HOUR** Lactation Management

Data on Breastfeeding rates at 14 weeks:

Facility	Data Element	Apr-14	May-14	Jun-14	Total	%
Mfuleni CHC	Hep 3rd dose under 1 year	48	41	84	173	
	Infant exclusively breastfed at HepB 3rd dose	0	0	0	0	0%
Dr Ivan Toms	Hep 3rd dose under 1 year	79	81	-	160	
	Infant exclusively breastfed at HepB 3rd dose	3	0	0	3	1.8%

Infant Feeding Support System

BF promotion Talks	April 2014	May 2014	June 2014	Total
Mfuleni CHC	23	26	23	72
Dr Ivan Toms Clinic	42	42	38	122
In the Community	78	77	75	230

Support	April 2014	May 2014	June 2014	Total
Antenatal Women receiving support from CCW	28	41	45	114
Postnatal mothers with babies < 6 months receiving support from CCW	7	11	29	47

Challenges

Mfuleni does not have a birthing unit

All mothers deliver at birthing sites in the surrounding geographical area- Khayelitsha; Macassar; Delft

- Impact on the number of referrals to the NPO post discharge

Pilot does not include the surrounding area, which has a impact on the referrals from the birthing sites.

Validity of the data is debatable. Record keeping of statistic in the health facilities might not be routinely done

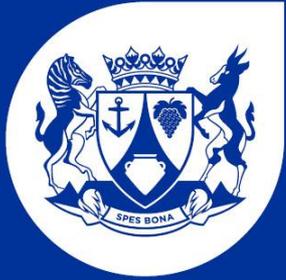
Way forward

When data shows an improvement in breastfeeding rates, the operational plan will be rolled out in the rest of Khayelitsha/ Eastern Substructure.

Continue training CCW's in IYCF Counselling in the substructure

Ultimately, in the Metropole Region.

Target: 25 % of infants coming for their Hep 3rd dose under 1 year should be exclusively breastfed



Western Cape
Government

Health

Thank you

