



Western Cape  
Government

Health

BETTER TOGETHER.

# Breastfeeding Seminar 2014:

Progress and Plans ahead

University of the Western Cape: School of  
Public Health

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4 August 2014

# Presentation outline

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Policy framework and implementation guidelines for the restoration of breastfeeding (H1 64/2012).

Progress

Challenges

Way forward

# WCG: Health Framework

Breastfeeding  
Restoration  
Plan  
(H164/2012)

Mother and Baby  
Friendly Initiative

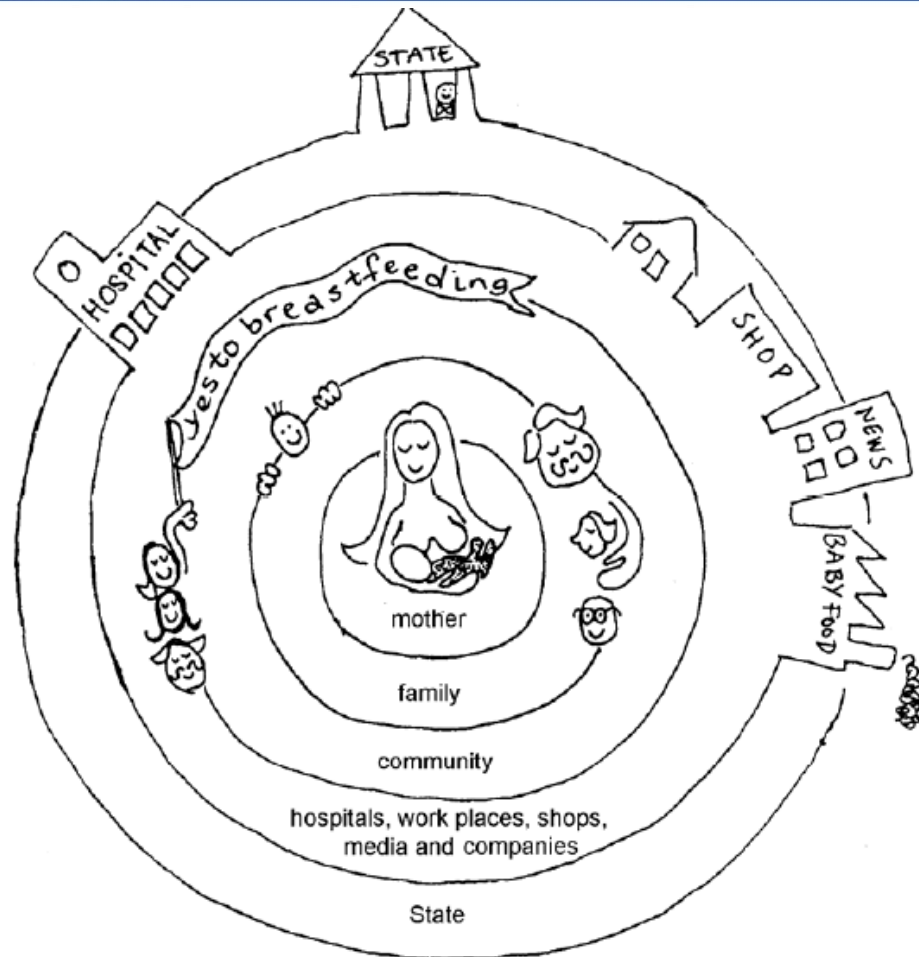
Code /  
Regulations 991

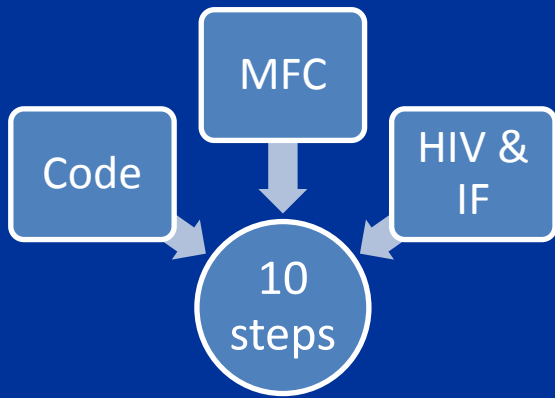
Kangaroo Mother  
Care

Human Milk  
Banking

Maternity  
Protection

# “Nested rings of responsibilities”





# Mother and Baby Friendly Initiative

## Progress and Challenges with implementation

### Way forward

# MBFI implementation

## Foundation steps:

- Step 1 – Provincial Policy framework
- Step 2 – Self study modules, standard operating procedures (class & self study), rolling out updated national training package (18-29 August 2014)
- Step 3 – Draft antenatal education package

## Support step:

- Step 10 – Link facility and community based platforms

## Item 1: Code & Regulations 991 (promulgated on 6 Dec 2012)

- Provincial workshop (x2)
- Provincial monitoring tool

## Item 2: Mother Friendly Care

- Workshops on Better Birth Initiative

## Item 3: HIV and Infant Feeding

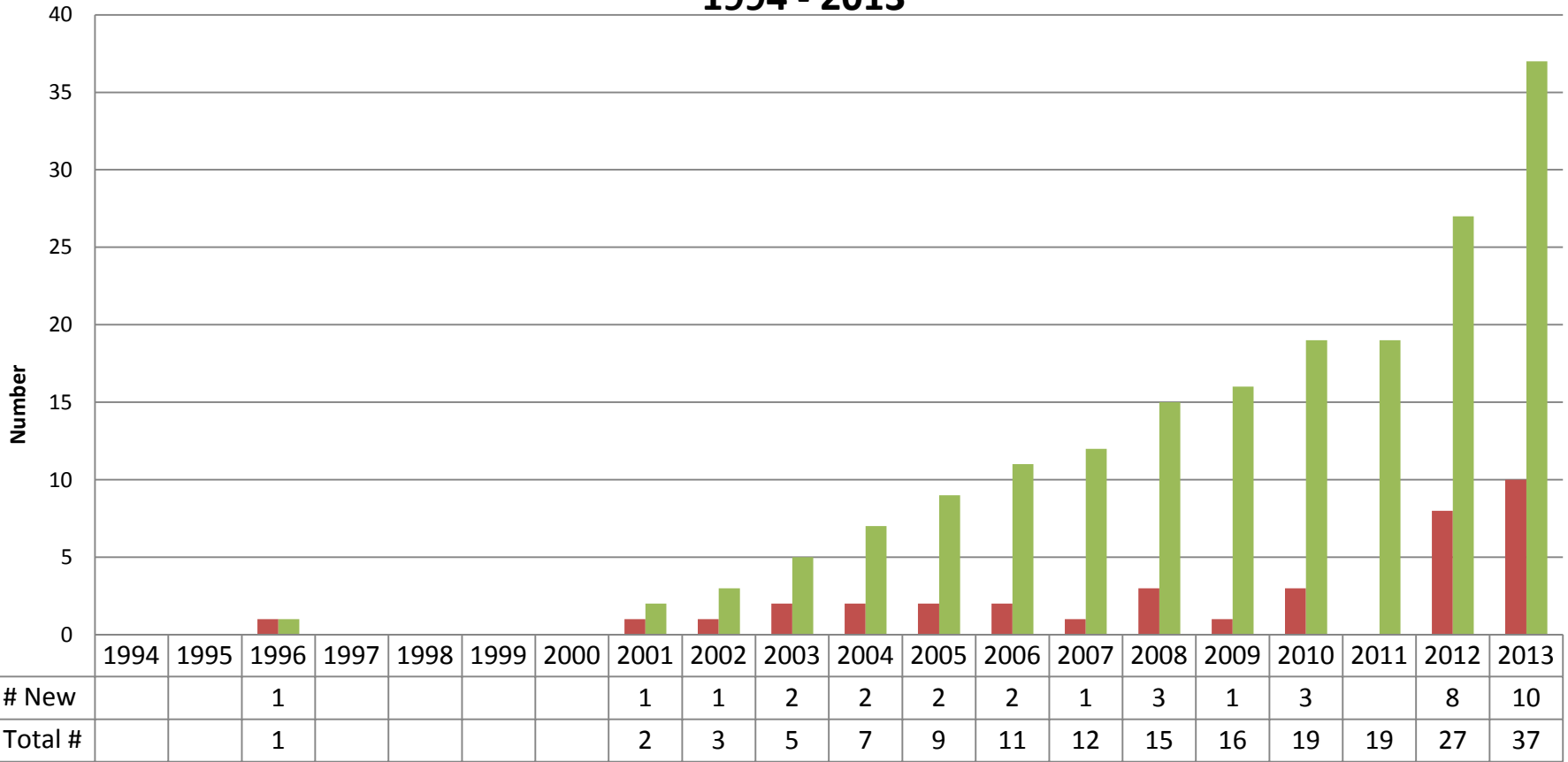
- Training healthcare staff

Breastfeeding rooms established in hospitals



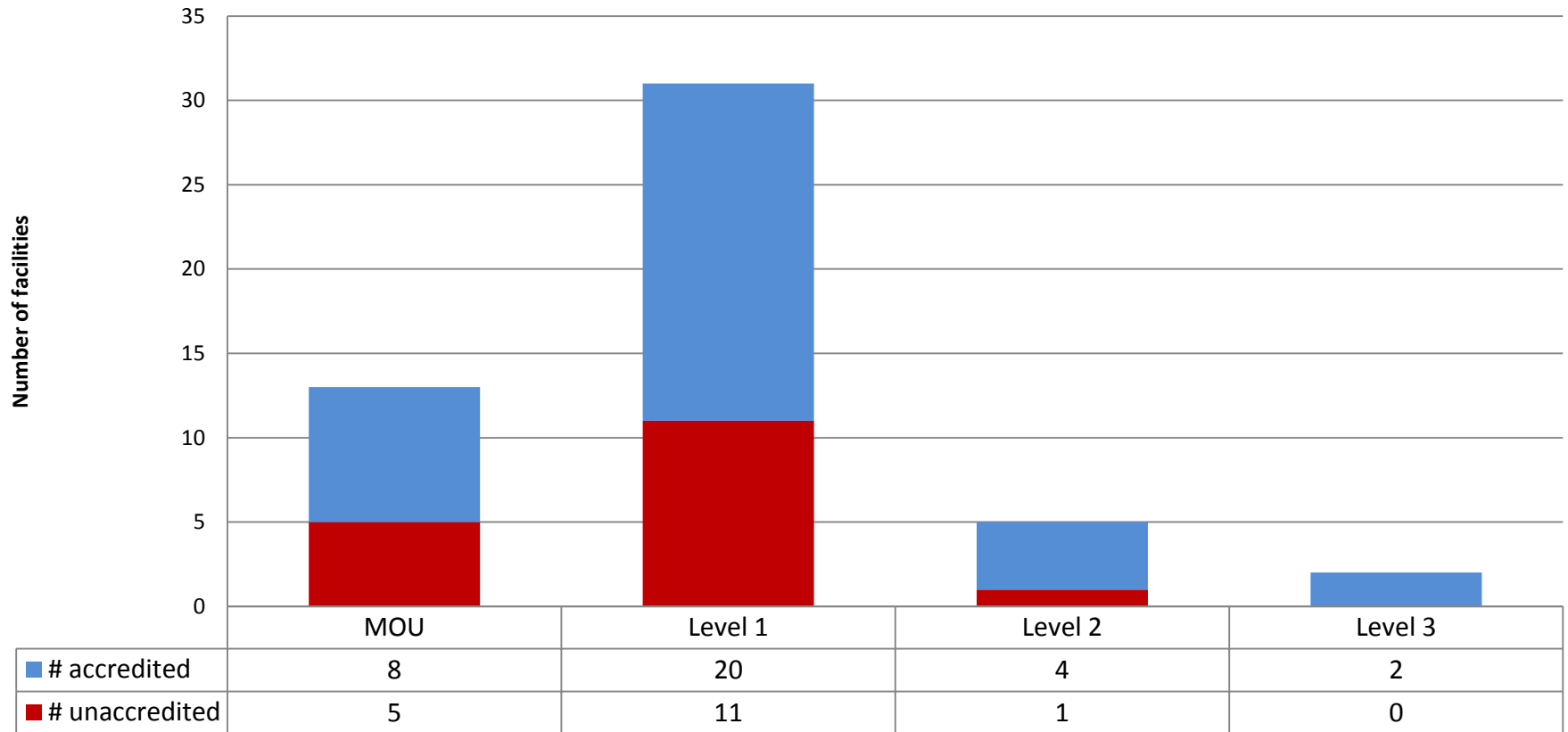
# MBFI: Progress with implementation

**Number of MBFI accredited facilities (Public and Private) in the Western Cape  
1994 - 2013**



# MBFI: Progress with implementation

**Number of MBFI accredited facilities per level of care in the Western Cape 1994 -2013**





# MbFI: Challenges and Progress

GAP / Barrier	Activity	Progress
Harmonisation of provincial policies, protocols and guidelines	<ul style="list-style-type: none"> <li>✓ Ensure that all provincial policies and guidelines are in line with the current strategy to promote , protect and support breastfeeding.</li> </ul>	Standardisation of input into documentation to align with strategy.
Facility staff not aware of all provincial policies	<ul style="list-style-type: none"> <li>✓ Formulate list of all relevant infant and young child feeding, child health and maternal health policies.</li> <li>✓ Disseminate copies of all relevant infant and young child feeding, child health and maternal health policies.</li> <li>✓ Incorporation discussion of policies and guidelines in all training and mentoring sessions with staff at implementation level.</li> </ul>	<p>List of circulars shared with District / Substructure managers.</p> <p>Training has been aligned to National/Provincial policies. Training packages has been updated by National. First round of training on the new packages will be done in August in WC.</p>
Infant feeding in PMTCT circulars not addressed adequately	<ul style="list-style-type: none"> <li>✓ Drafting of circular to address phasing out infant formula on the PMTCT Programme</li> <li>✓ Dissemination and implementation of circular to districts / Substructure</li> </ul>	Circular H110/2014 – High risk mothers may be supplied with infant formula if a informed decision has been made.



# MBFI: Challenges and Progress

GAP / Barrier	Activity	Progress
Negative influence of person values and beliefs on service delivery	<ol style="list-style-type: none"> <li>1. Orientation session for managers on MBFI and breastfeeding</li> <li>2. Advocacy sessions at district / substructure and facility level</li> </ol>	MBFI included as discussion point at management meetings (district, substructure and facilities with birthing units)
Inadequate knowledge and skills of health workers	<ol style="list-style-type: none"> <li>1. Rollout of the Infant feeding Counselling Guideline</li> <li>2. Development with a training package for community based health care workers on breastfeeding.</li> <li>3. Extend training to the community based services health care workers to equip them with knowledge and skills to follow up with breastfeeding support</li> </ol>	<p>H166/2012</p> <p>Ongoing and input into national training curriculum of CHW.</p> <p>Amended 20 hour and NPO Nurse co-ordinators training being rolled out.</p>



# MBFI: Challenges and Progress



GAP / Barrier	Activity	Progress
Training packages for training of non clinical staff on breastfeeding and MBFI not available	<ol style="list-style-type: none"> <li>1. Obtain current training material.</li> <li>2. Develop standard training package to be used with MBFI implementation for non clinical staff members.</li> <li>3. Disseminate training package to Districts and SS</li> <li>4. Training package implemented.</li> </ol>	Ongoing
Practices in health care facilities that do not create a breastfeeding enabling environment.	<ol style="list-style-type: none"> <li>1. Scale up implementation of MBFI in non accredited birthing units.</li> <li>2. Maintain MBFI status at accredited birthing units.</li> <li>3. Engage the private facilities to take up MBFI implementation and become accredited sites.</li> <li>4. Maintain MBFI standards in accredited birthing units</li> <li>5. Implementation of clinic based tools at non maternity sites.</li> <li>6. Governance and monitoring of standards in birthing units</li> </ol>	<p>Provincial = 69% (35/51)</p> <p>2 private facilities accredited.</p> <p>Monitoring and Evaluation of implementation done yearly.</p>

# MBFI: Challenges and Progress

GAP / Barrier	Activity	Progress
Mothers not adequately prepared and supported during the antenatal and postnatal period	<ol style="list-style-type: none"><li>1. Expand BANC</li><li>2. Advocate for early booking at community level</li><li>3. Scale up access for early booking at antenatal sites.</li><li>4. Standardise key messages for antenatal education sessions</li><li>5. Develop IEC material to cover all key messages of antenatal education</li><li>6. Develop and Implement checklist for antenatal education at all antenatal sites</li><li>7. Clarify roles and functions of various health workers in breastfeeding promotion, protection and support</li><li>8. Develop guideline for postnatal support of breastfeeding</li></ol>	Ongoing



# MBFI: Challenges identified during M & E

## **H83/2013: STRATEGY FOR THE IMPLEMENTATION, MONITORING AND EVALUATION OF THE MOTHER-BABY-FRIENDLY INITIATIVE IN THE WESTERN CAPE**

- Level of integration into other programmes. MBFI still perceived as a stand alone programme. Step 3 – education of pregnant women needs to be strongly integrated into the Basic Antenatal Care Services. Links with Community Based Services for implementation of support for mothers in the community.
- Non compliance of staff members with implementation (consistency of implemented practices)
- Attrition of staff and the Use of agency staff.
- Exclusion of neonatal and paediatric ward practices from the implementation.

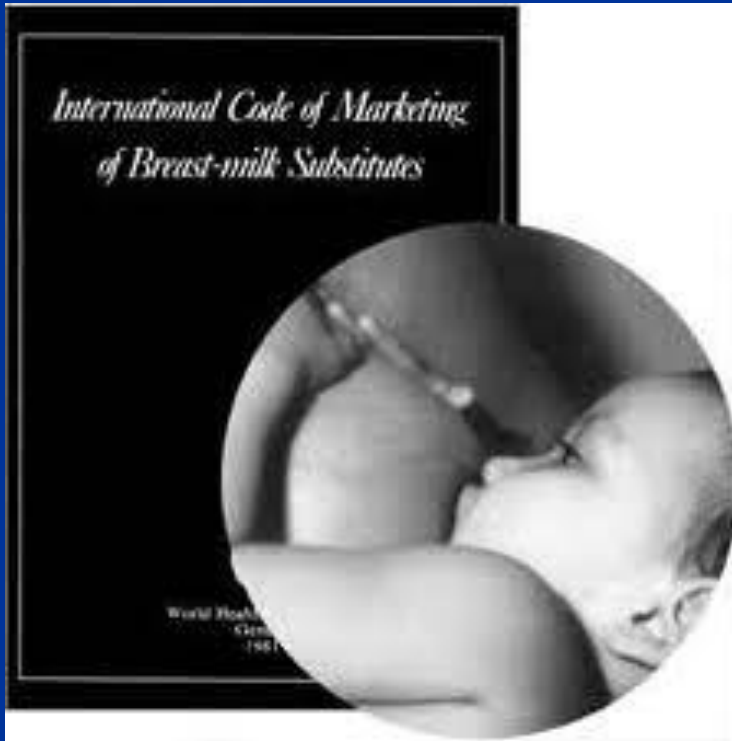


# MBFI: Way forward

1. Accreditation of all birthing units by 2015/16
2. Role out to non birthing units (implementation of amended MBFI in clinics) to create a seamless support system for the promotion, protection and support of breastfeeding within health facilities.
3. Strengthen linkages with Community Based Services for utilisation of CCW/HBC/CHW to extend support for breastfeeding outside of a health facility. (Overberg, Eden, NTSS, Cape Winelands)
4. Continued support to private birthing units for implementation of MBFI.
5. Standardisation of the Antenatal Education package and the inclusion of the package into antenatal services at all levels of care.
6. Inclusion of MBFI as a discussion point at management meetings
7. Expansion of M & E to include complementary nutrition strategies. I.e. GMP,



# Code of marketing of breastmilk substitutes / Regulations 991



R. 991 Foodstuffs, Cosmetics and Disinfectants Act (54/1972): Regulations relating to foodstuffs for infants and young children.

6 December 2012

# Code: Challenges and Progress

GAP / Barrier	Activity	Progress
Code of marketing of breastmilk substitutes not regulated	<ol style="list-style-type: none"> <li>1. Draft provincial circular on regulations once adopted.</li> <li>2. Plan roadshow / TOT to Districts / SS when the code is regulated.</li> <li>3. Dissemination of regulations at District / SS level</li> </ol>	<p>Regulations 991 and Western Cape Monitoring tools.</p> <p>2 provincial workshops</p> <p>Managing queries as they are received.</p> <p>Distribution of the National Guideline to Industry and Health personnel.</p>



# Code: Way forward

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1. Ensure all relevant training packages and policy/guideline documents has been updated to include the R991.
2. Continued training on Regulations 991 and the implementation in the Western Cape.
3. Monitoring of implementation of the Regulations 991 (30 May 2013).

# Kangaroo Mother Care bonding

In affluence, KMC is  
useful addition to infant care.  
In financial constraints, it is a  
precious gift.  
In poverty, it may be the only  
means of survival.



## Kangaroo Mother Care Progress with implementation Way forward



# KMC: Progress, Challenges and Way forward

GAP / Barrier	Activity	Progress
Lack of space for lodger mothers	1. Policy for infrastructure standard to accommodate lodger mothers	Continued advocacy at management level for the creation of mother lodger space which is in line with the Healthcare 2030 vision of person centre care.

## Way forward:

1. Advocacy for the implementation of KMC as a standard practice in the birthing units for all new-borns (links strongly with the implementation of Step 4 of MBFI – Skin to skin contact for at least the first hour after birth).
2. On going advocacy
3. Senior management support
4. Integration into short term and long term plans of Infrastructure Directorate.





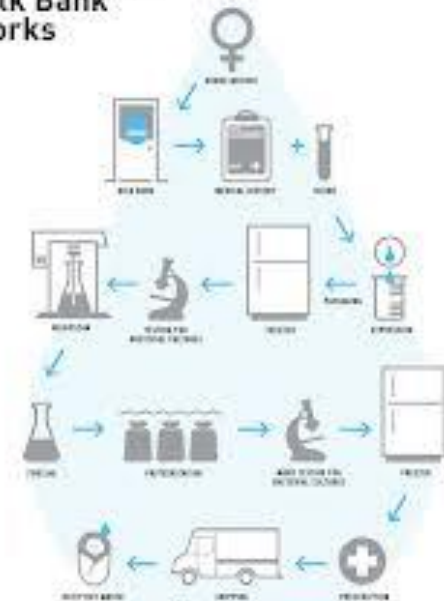
In situations where mothers' own milk is not available, provision of pasteurized, screened donor milk is the next best option particularly for ill, or high-risk infants.

~ WHO/UNICEF Joint statement

# Human Milk Banking

Progress with implementation  
Way forward

## How a Human Milk Bank Works



# HMB: Progress, Challenges and Way forward

GAP / Barrier	Activity	Progress
Lack of policy documents	1. Draft policy document for the province	National draft document available. Provincial draft being driven by IYCF workgroup.

## Way forward:

Human milk banks to be promoted and supported as an effective approach, especially in post natal wards and neonatal intensive care units, to reduce early neonatal and postnatal morbidity and mortality for babies who cannot breastfeed.



# Maternity Protection

Progress with implementation  
Way forward



# Maternity Protection: Progress, Challenges and Way forward

GAP / Barrier	Activity	Progress
Workplaces not conducive to breastfeeding mothers	1. Advocate for establishment of breastfeeding friendly workplaces, including day care centres	Breastfeeding policy: H144/2012  Breastfeeding rooms being created in facilities.
<b>Way forward:</b>		
<p>Ongoing advocacy transversally for support for a breastfeeding mother/worker.</p> <p>Continued advocacy to National Department for the amendment and expansion of current legislation.</p>		



# Plans ahead

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- Communication and Social Mobilisation
- Linkages with other stakeholders (internal and external)
- Standing topic on management agenda
- Infant and Young Child Feeding workgroup – core group of technical experts to inform policy framework and implementation planning (academic and implementation level)





The powerful benefits of breastfeeding for child survival, growth and development are well known. All mothers are now being encouraged to exclusively breastfeed their babies for the first six months to ensure that babies benefit from the goodness of breastmilk.

- WHO, 2012

**We all have a role to play and constantly need to remind ourselves of the goal of optimal infant feeding!**

# Acknowledgement

- Nicolette Henney
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R. 991 Foodstuffs, Cosmetics and Disinfectants Act (54/1972): Regulations relating to foodstuffs for infants and young children.

6 December 2012



Thank you | Dankie | Enkosi



# Contact Us



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